TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 DEERS

Chapter 3 Addendum D

BUSINESS RULES

BUSINESS RULES LEGEND

Sheet	Business Event
A	Eligibility for Enrollment Inquiry
В	Enrollment Into Health Benefit Program
B (cont.)	Enrollment Into Health Benefit Program (CHCBP)
C	Disenrollment
D	Modification of Enrollment (PCM Change)
E	Modification of Enrollment (PCM Cancellation and Transfer Cancellation)
F	Modification of Enrollment (Transfer)
G	Modification of Enrollment (Enrollment Period Change)
H	Modification of Enrollment (Enrollment End Reason Code Change)
I	Modification of Enrollment (Enrollment/Disenrollment Cancellation)
J	Batch Enrollment Fee Payment
K	Enrollment Fee Waiver Update for an Individual
L	Beneficiary Update
M	Policy Notification
N	PCM Input File
O	Patient ID Change
P	Partial Match Inquiry
Q	Coverage Inquiry
R	CC&D Totals Inquiry
S	CC&D Amounts Update
T	CC&D Transaction History Request
U	OHI Policy Inquiry
V	OHI Policy Add
W	OHI Policy Update
X	OHI Policy Cancellation
Y	SIT Inquiry
Z	SIT Add
AA	SIT Update
AB	SIT Cancellation
AC	CMS File

Indicates DOES business events

Within each sheet (DOES Business events):

Indicates fields that the user will NOT enter in DOES

Note: If an MCSC/USFHP provider has the need to modify an enrollment outside of the allowable modification period (as stated in the business rules for each event), the MCSC/USFHP provider must contact the DEERS Support Office (DSO) to make the change.

Each worksheet represents a DEERS Medical business event. The business rules begin with a listing of general rules that apply to all programs and plans. Following the generalized rules, the programs or coverage plans for which the business event applies are listed. Each data attribute included in the business event is then listed by program or coverage plan with the specific rules including data usage, system edits, entity responsible for enforcing the business rule, and error message returned if the business rule is not met (if applicable).

DMDC reserves the right to modify these business rules at any time based on new requirements or further developments of existing requirements.

BUSINESS RULES: A. ELIGIBILITY FOR ENROLLMENT INQUIRY

	EVENT AND DATA FLOW	DATA Type*	Business Rules	ENFORCED By**
	·		This inquiry is used for eligibility for enrollment only.	
			Eligibility inquiries are made for a family.	
			Eligibility for Enrollment inquiries will show the current health care program information	
			for the inquiry date.	
			If an enrollment exists in the last 12 months, enrollment information will be returned in	
			the Eligibility for Enrollment Inquiry response.	
			PCM information (if applicable) will only be displayed for the past 12 months.	
			If the beneficiary is eligible to enroll in other coverage plans for the HCDP requested,	
			DEERS will return all appropriate coverage plans and dates of eligibility.	
			Parent and Parent-in-Laws are no longer eligible to enroll in TRICARE. If they are already	
			enrolled, their enrollments can be modified but the PCM selection MUST remain within	
			the USFHP provider network.	
			Foreign military are not eligible to enroll in any TRICARE program.	
	Eligibility for Enrollment Inquiry			
1.	Person/Family Transaction Type Code	R	Family	D
2.	Inquiry Person Type Code	R	Identifies whose ID is being submitted, sponsor or family member. DOES defaults to	D
			sponsor; if ID is not found as sponsor, DEERS will look for the ID as a family member.	
3.	Inquiry Person Identifier	R		D
4.	Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, FIN. DOES defaults to SSN, but user may change.	D
5.	Person Last Name	0	Optional, but recommended to insure correct person identification.	M, D
6.	Person Birth Calendar Date (Patient)	0	Optional, but recommended to insure correct person identification.	M, D
			Date must be prior or equal to the current date.	D
7.	HCDP Type Code	R	Specifies if the inquiry is for Medical or Dental programs. DOES defaults to the HCDP	D
			Type Code for which the user has enrollment permissions.	
8.	HCDP Code	R	Specifies the health care delivery program (e.g. Prime, CHCBP) for which eligibility is	M, D
			being requested. DOES defaults to all HCDP Codes for which the user has enrollment	
			permissions.	
9.	HCDP Eligibility Inquiry Point-in-Time Calendar Date	R	May be current date, up to 90 days in the future, or 60 days prior to current date (for	D
			retroactive enrollments). DOES defaults to the system date and will display eligibility	
			from the past 60 days to 90 days in the future.	
*		er; I=Insur	red; DC=Direct Care; CV=Civilian; DP=USFHP Provider; RS=Resource Sharing	
**	Enforced By: M=MCSC/DP; D=DEERS			

GENERAL BUSINESS RULES	ENFORCED BY**
Length of enrollment is indefinite based on eligibility.	D
A person cannot be enrolled in multiple coverage plans during the same time period.	D
A family cannot have multiple coverage policies of the same plan type during the same time period.	D
Enrollment fee payments may be waived. DEERS will allow this information to be communicated through the HCDP Individual Enrollment	M
Fee Waiver Reason Code.	
MCSC/DPs should use the Enrollment Fee Payment Exception Reason Code to indicate the reason an enrollment fee payment is less than	M
expected.	
A beneficiary can only enroll in a plan for which he/she is eligible, based upon the DEERS response to an Eligibility for Enrollment Inquiry.	M, D
DEERS will validate that the enrollee lives within the enrolling organization's jurisdiction. If the enrollee's ZIP Code is outside jurisdiction,	D
DOES will provide a warning message.	
DEERS will validate that the PCM Region Code falls within the enrolling organization's Contract ID.	D
The policy enrollment period begin date is set based on the first person enrolled in the coverage plan and is equal to that person's enrollment	D
begin date.	
Parent and Parent-in-laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the	D
PCM selection MUST remain within the DP Network.	
Foreign Military are not eligible to enroll in any TRICARE program.	D

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM

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1.	DEERS ID (Subscriber)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/	'A N/.	A S	5 5	5	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	or fee exception is being sent with the enrollment. Handled by	3
	ata Type: O=Opt					ationa	ıl; B=S	ubscr	iber; I=	Insure	d; DC	=Direc	t Care;	CV=C	Civilia	n; DP=	Desig	nated	Provi	der; F	RS=Res	ource	Sharii	ng																	
**E	Enforced By: M=1	MCSC	DP; D	=DEE	S																																				

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2. HCDP Enrollme Payment Calendar	ent Fee	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Required if fee paymen or fee exception is being sent with the enrollment.	
3. HCDP Enrollme Payment Through Calendar	it Paid-	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required if fee payment or fee exception is being sent with the enrollment. B. Date should be within the policy enrollment period; if it is not, DEERS will appli the fee payment to the current policy, but will not pro-rate the amount to be applied to a later policy.	M, D
4. HCDP Enrollme Payment Type Coo	ent Fee t Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	N/A	N/A	N/A	N/A	S	S	N/A	N/A	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Required if fee paymen or fee exception is being sent with the enrollment.	t M, D
5. HCDP Enrollme Year Fee Payment Amount	ent e it t								N/A		S	S					N/A	S	S		N/A		S	S	S	S				N/A										A. Required if fee payment is being sent with the enrollment. B. This should be a positive dollar amount with the decimal.	M, D
6. HCDP Enrollme Payment Exception Reason C	ent Fee it on	N/A	N/A	N/A	N/A	N/A	N/A		N/A		S	S	S	N/A	N/A			s,	S	N/A	N/A	s	S	S	S	s	S			N/A		N/A	N/A	N/A	N/A					A. Required if indication of partial or non-payment of enrollment fee is being sent with the enrollment. B. This field must be re set each time a fee payment is made if it is still applicable.	
7. HCDP Enrollme Action C	Code		N/A						N/A		S	S	S	N/A			N/A	S	S	N/A		S	S	S	S	S	S			N/A			N/A	N/A	N/A		N/A			A. Required if the fee payment is being sent with the enrollment. B. Defaulted to 'A' (payment).	M, D
Payment Code	t Type	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0	0		N/A	N/A	N/A	N/A	0	0	N/A	N/A	0	0	0	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		М

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Chapter 3, Addendum D
Business Rules

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resou**Enforced By: M=MCSC/DP; D=DEERS

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TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

	(a) TRICARE Plus with CHC Coverage for Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Retard Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (a) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (b) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (b) TRICARE Plus with CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (b) TRICARE Plus With CHC Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (c) TRICARE Plus Plured Care Enably Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (b) TRICARE Plus Plured Care Enably Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (c) TRICARE Plus Plured Care Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (d) TRICARE Plus Individual Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (d) TRICARE Plus Individual Coverage for Transitional Survivors of Canard Reserve Deceased Sponsors (d) TRICARE Plus Individual Coverage for Transitional Survivors of Canard Reserve Davised Sponsors (d) TRICARE Plus Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors (d) TRICARE Plus Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors (d) TRICARE Plus I																																							
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.	Credit Card	N/A	Fig. 17																																					
	Role of Sponsor	В, І	В, І	В, І	В, І	В	В	В	В	В	В	В, І	В, І	В, І	В, І	В	В	В	В	В	В	В	В	В, І	В, І	В	В	В, І	Information only provide for clarity of who may be covered under each plan.											
	DEERS ID	R	\$\frac{\pi}{2} \bullet \frac{\pi}{2} \bullet \bullet \frac{\pi}{2} \bullet \bullet \frac{\pi}{2} \bullet \bullet \bullet \frac{\pi}{2} \bullet \bull															R	Handled by DOES.																					
	HCDP Enrollment Update Code	ND OW ND																Handled by DOES.																						
-	Code		B, I B, I B, I B, I B, I B B B B B B B B															K	handled by DOES																					
	HCDP Plan Coverage Code	Add R R R R R R R R R R R R R R R R R R															Validated with DEERS "eligible for" coverage.																							
	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. DOES will default, but user may change. B. Must be within eligibility and may be current date, up to 90 days in the future, or 6 days prior to current date (for retroactive enrollment). DEERS will set the PCN Selection Begin Calendar Date equal to this date.
	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do no overlap.
	HCDP Individual Enrollment Fee Waiver Reason Code	Code														N/A	If an individual is waived from enrollmer fee payments, the reason for the waiver should be sent to DEERS; applicable to																							

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EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	zidual Cover y Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	_ ē	f) I KICAKE Prime Family Coverage for Action of the Family Members	(g) INCAKE FITTHE INCIDING COVETAGE FOR ITAINSTONAL Survivors of Active Duty Deceased Sponsors	n) TRICARE Prime Family Coverage for Transition Survivors of Active Duty Deceased Sponsors	RICARE Prime Individual Coverage for Active Duty Deceased Sponson	CARE Prime Family Coverage fo Active Duty Deceased Spons	ARE Prime Individual Cover Sponsors and Family Men	(1) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) TRICARE Prime Individual Coverage for Transitional Survivor Guard/Reserve Deceased Sponsors	(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) IKIC AKE Trime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	CARE Prime Family Coverage for Surv Guard/Reserve Deceased Sponsors	(s) I KICAKE DE Direct Care Coverage for Active Duty Family Members	SARE DP Direct Care Coverage for Survivors of Active Duty Sponso	SARE DP Direct Care Individ Survivors of Active Duty Sp	(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	ct Care Individu ers and Family M	(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Hamily Coverage for Survivors of Guard / Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	E Plus Coverage for Activ Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) IKIC AKE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(a) IRICAKE Flus with CHC Coverage for Transitional Survivors of Guard / Reserve Deceased Sponsors	Guard/Reserve Deceased Spon	Guard/Reserve Deceased	(al) IRICARE Flus Cove Guard/Reserve Dec		ENFORCED BY**
18. Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		M
19. TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	0	0	0	0	0	0	0	0	0	O	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		М
20. Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region Zip Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the mailing address ZIP Code, but user may change it.	M, E
21. Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region Zip Code	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	A. Required for TRICARE Remote only if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the mailing address ZIP Code, but user may change it.	1

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Chapter 3, Addendum D
Business Rules

Data Type: O=Optional: R=Required:

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									TRIC	CARE F	PRIME P	LANS									FLAI		ICARE		NS							TRIC	CARE F	PLUS PL	ANS						
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	e Family Coverage for A amily Members	TRICARE Prime Individual Coverag Sponsors	Prime Individual Coverage for Family Members	f) TRICARE Prime Family Coverage for Active D Family Members	ndividu tive Du	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime I Active Du	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	ividual Coverage for Trar Reserve Deceased Sponso	(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) IKICAKE Frime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	CARE Prime Family Coverage for Su Guard/Reserve Deceased Sponsor	Family Members	TRICARE DP Direct Care Coverage for Survivors of Active Duty Sponso	Survivors of Active Duty Sponso	(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard / Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members		CHC Coverage Duty Decease	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	Plus Coverage fembers and N	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard / Reserve Deceased Sponsors	(a) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	c) TRICARE Plus with CHC Coverage for Guard/Reserve Deceased Sponso	IRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED By**
22	Sponsor Enrollment Contractor Enrollment Residence Mailing Address US Postal Region Zip Code	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	B. If the sponsor and family member's residential ZIP codes residential ZIP codes are not equal, DOES will prompt the user to disserted the family member. Required for TRICARE Remote only; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment.	M, D
233	Health Care Delivery Program Enrollment Card Request Status Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	If the aponsor's residential ZIP Code is modified to be differen than the family members' that are enrolled in TPR ADFM in another contract, DEERS will automatically disenroll the family members send appropriate notifications. Indicates whether or no an ID card should be generated. Default is to generated apone or an incomplete of the property of t	d
24	Health Care Delivery Program Enrollment Card Request Calendar Date	S	S	S	S	s	S	s	S	s	S	s	S	S	S	s	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Current date; changed only when Enrollment Card is Requested.	M, D

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"Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

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								Π	IRIC	JAKE P	RIME P	LANS				(O)						IK	CARE	DP PLA	ins							IRIC	AKE P	LUS PLA	ANS				1		
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	RE Remote Indivi Family	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	Indi Fam	f) TRICARE Prime Family Coverage for Ac Family Members	(g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	h) TRICARE Survivors	RICARE Prime Individual Coverage fo Active Duty Deceased Sponsor	CARE Prime Family Coverage fo Active Duty Deceased Spons	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(r) TRICAKE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(s) TRICARE DP Direct Care Coverage for Active Duty Family Members	Care	(u) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE DP Direct Care Family Coverage for Refired Sponsors and Family Members	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(aj) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors	TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
25	PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID submitting the enrollment. If there is only one, DOES will default.	M, D
26.	PCM Network Provider Type Code	None CV DP	None CV	None CV	DC RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS		DC CV DP RS	DP	DP	DP	DP		DP	DP	DP	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is ore than one option.	M, D
27	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, DP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage Plan.	M, D
28.	PCM Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria PCM search criteria	M, D
	PCM Identifier Type Code	R	К	R	К	R	R	R	К	R	К	R	R	R	K	R	R	R	K	R	к	R	К	R	К	К	К	R	К	R	K	R	K	R	K	R	R	R	K		
30.	PCM License Identifier	0	0	О	0	0	0	0	0	0	0	0	0	О	О	0	О	0	О	0	0	0	0	0	О	0	0	0	0	0	0	0	О	0	0	0	О	0	0	PCM search criteria	M
31.	PCM Canana	R NI / A	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria PCM search criteria:	M, D
32.	PCM Group Identifier	N/A	N/A	N/A	b	S	5	5	5	S	5	5	5	5	5	5	5	S	5	IN/A	IV/A	IN/A	N/A	IN/A	IN/A	IN/A	IN/A	R	K	K	K	R	K	K	K	K	K	R	K	only applicable to DC PCMs	M, D
33.	PCM Group Name	0	0	0	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	0	0	0	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D
34.	PCM Place of Care Identifier	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D
35.	PCM Place of Care Name	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	M, D

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Business Rules

*Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=Designated Provider; RS=Resource Sharing
**Enforced By: M=MCSC/DP; D=DEERS

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: B. ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

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	Event And	(a) TRICARE Remote for Active Duty Service Members		Remote Family Coverage for Ac Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	h) TRICARE Prime Family Coverage for Transiti Survivors of Active Duty Deceased Sponsors		CARE Prime Family Coverage for S Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) TRICARE Prime Individual Coverage for Transitional Survivo Guard/Reserve Deceased Sponsors	(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(q) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors		(s) TRICARE DP Direct Care Coverage for Active Duty Family Members	CARE DP Direct Care Coverage Survivors of Active Duty Spo	Survivors of Active Du	(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	ct Care Individual Cov rs and Family Membe	(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard / Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	Plus Coverage for A Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	Plus Coverage fembers and I	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard / Reserve Deceased Sponsors	(a) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	s with CHC Cover Reserve Deceased		BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
36.	PCM Telephone Number Code	0	0	0	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	0	0	0	R	R	R	R	R	R	R	R	R	R	R	R	PCM search criteria; only applicable to DC PCMs	М
3 <mark>7</mark> .	PCM Mailing Address City Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
38.	PCM Mailing Address US Postal Region State Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
39.	PCM Mailing Address US Postal Region Zip Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
40.	PCM Mailing Address Country Code	0	0	0	0	0	0	0	0	0	0	0	0	0	0	О	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	PCM search criteria	M, D
41.	PCM Specialty Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
42.	PCM Sex Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
43.	PCM Location Begin Calendar Date	s	S	s	S	S	S	s	S	S	S	s	S	s	S	S	S	S	S	s	S	S	S	S	S	S	S	s	s	S	S	S	S	S	S	S	s	s	S	Upon PCM selection, DOES will validate the this date is on or prior the EMC Enrollment Begin Calendar Date. not, DOES will display an error and the user must select another PCM.	if y
44.	PCM Location End Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	A. This date must be cor after the EMC Enrollment Begin Calendar Date. B. DOES will only validate this upon PCI selection, NOT when charges are made to the PCM begin or end dat	M

*Data Type: O=Optional; R=Required; S=S: **Enforced By: M=MCSC/DP; D=DEERS

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: B.	ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CONTINUED)

																				ENROL	LMENT I		RED FOR		PLANS.																
									TRIC	CARE F	RIME P	LANS									PLA		ICARE		ANS							TRI	CARE	Plus Pl	ANS						$\overline{}$
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	Individual Coverage for Active Duty Deceased Sp	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	ge for	(j) TRICARE Prime Family Coverage for St Active Duty Deceased Sponsors	CARE Prime Individual Cove Sponsors and Family Mer	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	SSis	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members		5) TRICARE Prime Family Coverage Guard/Reserve Decease	(q) IRICARE Frime Individual Covers Guard/Reserve Deceased S	Guard/Reserve Deceased Sponsors	CAKE Dr. Direct Care C Family Me	(t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	Survivors of Active Duty Sponse	(v) TRICARE DP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	(y) TRICARE DP Direct Care Individual Coverage for Survivors of Guard / Reserve Deceased Sponsors	(z) TRICARE DP Direct Care Family Coverage for Survivors of Guard /Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	ARE Plus with CHC Coverag vivors of Active Duty Decease	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	(ag) TRICARE Plus Coverage for Retired S Family Members and Medal of Hon	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	E Plus with CHC C	(a) TRICARE Plus Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	with CHC Coverage for Survivors eserve Deceased Sponsors	TRICARE Plus Covera Guard/Reserve Dece	BUSINESS RUES BY COVERAGE PLAN	ENFORCED BY**
45.	PCM Default Assignment UIC	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	Default criteria for DC PCMs only. If the beneficiary does not indicate any PCM preference, DOES will default a DC PCM based on the sponsor's UIC.	
46.	PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DOES will ensure that the selected PCM has available capacity.	D

*Data Type: O=Optional; R=Required; S=S **Enforced By: M=MCSC/DP; D=DEERS

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: B. (CONT.) ENROLLMENT INTO HEALTH BENEFIT PROGRAM (CHCBP)

GENERAL BUSINESS RULES	ENFORCED BY**
Foreign Military are not eligible to enroll in any TRICARE program.	D
Person must not be enrolled in any other managed care programs established or operated under the auspices of the DoD.	D
Enrollment in the CHCBP program cannot extend beyond 36 months except in the case of an unremarried former spouse.	M

		Plan And D	ATA TYPE*		
	Enrollment required for these plans				
	EVENT AND DATA FLOW	(a) Continued Health Care Benefit Program Individual Coverage.	(b) Continued Health Care Benefit Program Family Coverage.	Business Rules By Coverage Plan	Enforced By**
47	HCDP Plan Coverage Code	R		Valid with DEERS "eligible for" coverage.	D
	Enrollment Management Contractor Enrollment Begin Calendar Date	R		DOES sets this field to the begin of eligibility for CHCBP coverage.	D
49	Enrollment Management Contractor Enrollment End Calendar Date	R		A. Cannot exceed end of eligibility. DOES defaults to a 36 month enrollment period. B. Must be greater than or equal to enrollment begin date. Enrollment period may not be greater than 36 months except for URFs.	M, D
				DEERS enforces that enrollment periods do not overlap.	D

BUSINESS RULES: C. DISENROLLMENT

EVENT AND DATA FLOW	Data Type*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED By*
Disenrollment		DOES will display all active enrollments in the family for the	D
		user to select appropriate beneficiaries to disenroll.	
		DEERS will set the PCM Selection End Calendar Date based	D
		on the EMC Enrollment End Calendar Date.	
		DEERS will set the PCM Selection End Reason Code based	D
		on the EMC Enrollment End Reason Code.	
		DEERS will revert coverage to the DEERS assigned health	D
		coverage plan starting the day following the disenrollment if	
		the beneficiary is still eligible for coverage.	
		Disenrollments can only be performed on the latest active	D
		enrollment.	
		A disenrollment is done for an individual.	D
		If an Active Duty sponsor loses eligibility, DEERS will	D
		disenroll all family members.	
		DEERS will send disenrollment notifications to all	D
		enrollment management and PCM enrolling divisions	
		systems as necessary.	
		If an Active Duty sponsor dies, DEERS will automatically	D
		disenroll all family members from the Active Duty plan and	
		enroll them in a Transitional Survivor plan for three years	
		following the date of death.	
		If a retired sponsor dies, family members will not be	D
		disenrolled from their coverage plan.	
		When enrollees with a DP PCM lose eligibility for TRICARE	D
		Prime due to reaching age 65, DEERS will automatically	
		disenroll them from Prime and enroll them in the	
		appropriate TRICARE DP Direct Care coverage plan.	
		Parent and Parent-in-Laws are no longer eligible to enroll.	D
		If a Parent or Parent-in-Law disenrolls from the program, he	D
		or she will NOT be eligible to re-enroll at any time.	
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civilian; DP=D	esignated Provider; RS=Resource Sharing	** Enforced By: M=MCSC/	DP; D=DEERS.

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BUSINESS RULES: C. DISENROLLMENT (CONTINUED)

EVENT AND DATA FLOW			Data Type*	BUSINESS RULES BY COVERAGE PLAN BY
Disenrollment Unsolicited Notification from DEERS				Unsolicited notification sent by DEERS.
Disenrollment performed for all health care plans in these groups:	TRICARE Prime (including Remote) and TRICARE Plus	a		Refer to Policy Notification.
	TRICARE DP Direct Care		b	Refer to Policy Notification.
	СНСВР			c No notification will be sent from DEERS because there is no EDI solution for management of these plans.
Disenrollment - Voluntary/Involuntary				Disenrollment sent to DEERS by MCSC/DP via DOES. M
				If a beneficiary is waived from paying enrollment fees, the individual will not be disenrolled for non-payment of fees.
				If a beneficiary moves to another region, but does not wish to transfer enrollment, the MCS/DP in the new region will be permitted to disenroll the beneficiary.

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C-1, August 26, 2002

BUSINESS RULES: C. DISENROLLMENT (CONTINUED)

	EVENT AND DATA FLOW		I	DATA TYPE*		BUSINESS RULES BY COVERAGE PLAN	ENFORCED By*
	Disenrollment performed for all health care plans in these health care delivery programs:		TRICARE PRIME (INCLUDING REMOTE AND TRICARE PLUS)	TRICARE DP DIRECT CARE	СНСВР		
1.	DEERS ID (Insured)		R	R	R	Handled by DOES.	D
2.	HCDP Enrollment Update Code			Update		Handled by DOES.	D
3.	HCDP Type Code		R	R	R	M=Health Care; handled by DOES.	D
4.	HCDP Plan Coverage Code		R	R	R	Applicable for latest unterminated enrollment only.	D
5.	Enrollment Management Contractor Enrollment Begin Calendar Date		R	R	R	Latest unterminated enrollment begin date.	D
6.	Enrollment Management Contractor Enrollment End Calendar Date		R	R		A. Must be within current policy enrollment period. B. Must not be more than 60 days in the past (for CHCBP, cannot be before program begin date) or 30 days in the future.	D
7. * D	EMC Enrollment End Reason Code ata Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured;	DC=Direct Care; CV=Civilian; DP=Designated	R Provider; RS	R =Resource Shari		Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply). **Enforced By: M=MCSC	M, D

Business Rules: D. Modification Enrollment (PCM Change/PCM Panel Reassignment)

GENERAL BUSINESS RULES	ENFORCED BY**
Only the current system managing the enrollment can update PCM information.	D
Parent and Parent-in-Laws are no longer eligible to enroll. However, if they are already enrolled, their enrollments can be modified but the	D
PCM selection MUST remain within the DP network.	

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT)

	1																		PLA	N AND	DATA	TYPE*																			
									TRIC	ARE P	RIME F	PLANS										TF	RICARI	DP P	LANS							TRIC	ARE	PLUS P	LANS						
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	Individual Co ctive Duty De	UCARE Prime Family Coverage for Tran urvivors of Active Duty Deceased Spons	(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	CARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors) IKICAI	(1) IKICARE Prime Family Coverage Sponsors and Family Memb	(m) IKL-AKE Frime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	ime Individual Cov Guard/Reserve De	Guard/Reserve Deceased Spo	Guard/Reser	leserve Dec	(E) III (AMI Paino danilla ouceano ba Surusione di	Active Duty S	Survivors of Active Duty Spo	zivors of Active	Retired Sponsors	CARE DP Direct Care Family Cox Retired Sponsors and Family Mem	/Reserve Deceased Sp	RICARE DF Direct Care Family Coveragivors of Guard/Reserve Deceased Spor	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	ge for Survivors of Activ	Me fo	with CE Member	ith CHC Co	verage for Transitional erve Deceased Sponso	(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors	(al) TRICARE Plus Coverage for Survivors of Guard/Reserve Deceased Sponsors	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1.	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R						R			R	R	R	R	R	R	R	R	R	R	R	R	R	Handled by DOES.	D
2.	HCDP Type Code	R	K	R	R	R	K	R	K	K	R	R	R	R	R	R	R			R				R				R	R	R	K	R	R		R	R	R	R	K	M=Health Care; handled by DOES.	D
3.	HCDP Plan Coverage Code	R	R	R	R	R	K	R	K	R	R	R	R	R	R	R	R	R	K	R	R	R	R	R	R	R	R	R	R	R	K	R	R	R	R	R	R	R	K	The latest current or future coverage plan.	D
4.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The latest current or future coverage plan.	M, D
5.	PCM Selection Update Code																			UP	DATE																			Handled by DOES.	D
6.	PCM Region Code	R R R R R R R R R R													R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID managing the enrollment. If there is only one, DOES will default.	M, D				
7.	PCM Network Provider Type Code	CV DP	CV	CV	RS	CV DP RS	CV DP RS	CV DP RS	CV DP RS	CV DP RS	CV DP RS	RS	CV DP RS	DP RS		RS	DP RS	DF RS	CV DP RS				P DP			DP	DP	DC RS	DC RS	DC RS	DC RS	DC RS	RS	DC RS	DC RS	DC RS	DC RS	DC RS		Value must be appropriate for the coverage plan. DOES will default, but the user may change if there is more than one option.	
*	Data Type: O=Optional; R	R=Requ	ired;	S=Situ	ation	ıal; B=	-Subs	criber	; I=Ins	sured;	; DC=	Direc	ct Care	e; CV=	Civili	an; D	P=De	signa	ited Pi	ovide	er; RS=	Reso	urce S	naring	3														**	Enforced By: M=MCSC/DP; D=	DEERS

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT) (CONTINUED)

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Part Part	\vdash			(a) TRICARE PRIME PLANS (b) TRICARE PRIME PLANS (c) TRICARE PRIME PLANS (d) TRICARE PRIME PLANS (e) TRICARE PRIME PLANS (f) TRICARE PRIME PLANS (g)														AIA I		CARE	OP PLA	ANS						-	TRICA	RE PLU	IS PLAI	IS										
DMIS Identifier DMIS Identifier R R R R R R R R R R R R R R R R R R R		EVENT AND DATA FLOW) TRICARE Remote for .	Individual Coverage for	ARE Remote Family Coverage for Active Duty Family	l Coverage for Active Duty	TRICARE Prime Individual Coverage for	erage for	vidual Co e Duty De	CARE Prime Family Coverage for Trvivors of Active Duty Deceased Sp	Prime Individual Coverage for Active Duty Deceased Sponsors	RE Prime Family Coverage for St Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	CARE Prime Family Coverage fo Sponsors and Family Members		(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	TRICARE Prime Individual Coverage for Transitional Survi Guard/Reserve Deceased Sponsors	ARE	ICARE Prime Individual Cov Guard/Reserve Decease	CAKE Prime Family Cover Guard/Reserve Deceases	TRICARE DP Direct Care Coverage for Active Duty Family	(t) TRICARE DP Direct Care Coverage Survivors of Active Duty Spo	t Care Individual Active Duty Spons		TRICARE DP Direct Care Individual C Retired Sponsors and Family Meml	rect Care Family Cove ors and Family Membe	Direct Care Individual Cove 1ard/Reserve Deceased Spot	DP Direct Care Family Co Guard/Reserve Deceased	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	Survivors of Active Duty Deceased Sponsors (ab) TRICARE Plus Coverage for Active Duty Family Members	eased Sponsors	Active Duty Deceased Sponsors (ad) TRICARE Plus Coverage for Transition		(af) TRIC	Sponsors, Family Members and Meda	Survivors of Guard/Reserve Deceased (ah) TRICARE Plus with CHC Coverage			TRICARE Plus with CHC Coverage for Survivors	us Coverag erve Decea	Business Rues By Coverage Plan	ENFORCED BY**
9 PCM Identifier		CM Enrolling Division	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	a s	æ R	R	R		R	R	R	enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS Ids that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region	M, D
11. PCM License Identifier			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R I	R I	R F	R	R	R	. 1	R	R	R		M, D
12 PCM Name						R	R	R	R	R	R	R	R	R			R			R	R		R	R	R	R	R	R	R	R	R I			R	R	R		R	R	R		M, D
13. PCM Group Identifier N/A N/A N/A S S S S S S S S S S S S S S S S S S S				D		D	D	D	D	D	U	O	D	D	D		O	O	U	O	D	D	U	D	U	D	O	D	U	D) (0	0	C	, (D	U	D		
14. PCM Group Name O O O S S S S S S S S S S S S S S S S				N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R I	R I	R F	R R	R	R		R	R	R	PCM search criteria; only	M, D
Lidentifier	14. F	CM Group Name	0	0	0	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	0	0	0	0	R	R	R I	R	R F	R	R	R		R	R	R	PCM search criteria; only	M, D
17. PCM Telephone Number	ь	lentifier	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R I	R I	R	RR	R	R		R	R	R		M, D
Code		•	N/A	N/A	N/A	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	R	R	R I	R I	R	RR	R	R		R	R	R		M, D
City Name	C	ode	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0) (0 () (0	0	C) (0	0	0	PCM search criteria	M
Postal Region ZIP Code	C	ity Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S :	S S	5 5	S	S	S		S	S	S	PCM search criteria	M, D
Postal Region ZIP Code	F	ostal Region State Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S :	S S	5 5	S	S	S		S	S	S		M, D
Country Code	F	ostal Region ZIP Code																		S			S			S																M, D
	C	ountry Code						S		S				S	L					S		S	S	S		S				S				5 S						S		M, D
23. PCM Sex Code S S S S S S S S S		CM Sex Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		5 S	S				S	S	PCM search criteria	M, D

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT) (CONTINUED)

		PLAN A (q) TRI (q) TRICARE (p) TRICARE														AND D	ΑΤΑ Τ	YPE*																				1							
									T	RICA	RE P	RIME P	LANS												ICARE	DP F	PLANS								TR	ICAR	E PLU	PLAN	IS						
Event A	ind Data Flow	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) IKICAKE Kemote ramily Coverage for Active Duty ramily Members	RE Prime Individual Coverag	rime individual Coverage for Active Duty Fai	crage for A distributy manay memora	Survivors of Active Duty Deceased Prime Family Coverage for Active	e a	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	Sponsors and I	(m) IKICAKE Prime Individual Coverage for Iransitional Assistance Sponsors and Family Members	Assistance Sponsors and Family Mem	Guard/Reserve Deceased Sponsors	Guard/Reserve Deceased Spc	Guard/Reserve Deceased Spor E Prime Family Coverage for Tra	(q) TRICARE Prime Individual Coverage for Survivors of	(r) TKICAKE Prime Family Coverage for Survivors of	(s) TRICARE DP Direct Care Coverage for Active Duty Family Members	(t) TRICARE DP Direct Care Coverage for Transitional Survivors of Active Duty Sponsors	are Individu	Survivors of Active Duty Sponsors	Retired Sponsors and Family Meml	ors and Family Member ect Care Individual Cove	(x) TRICARE DP Direct Care Family Coverage for	(y) TRICARE DP Direct Care Individual Coverage for	(z) IKICAKE DP Direct Care Hamily Coverage for Survivors of Guard / Reserve Deceased Sponsors	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Members	(ab) TRICARE Plus Coverage for Active Duty Family Members	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	ARE Plus Coverage for Transitional S Active Duty Deceased Sponsors	Deceased	overage for Survivors of Active Duty Decea		onsors, Family Members and Medal	e Deceased S	(ai) TRICARE Plus with CHC Coverage for Transitional	verage for Transitiona	(ak) TRICARE Plus with CHC Coverage for Survivors of Guard/Reserve Deceased Sponsors	Guard/Reserve Deceased Sponso	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
4. PCM Loca Calendar	ation Begin Date	S	S	S	S	S	S	5	5	S	S	S	S	S	S	S	S	S		5	S	S	S	S	S	S	. 5	3	S	S	S	S	S	S	S	S	S	S	S		S	S	S	Upon network PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM	M, I
5. PCM Loca Calendar		S	S	S	s	S	s	8	5	S	S	S	S	S	s	S	s	S		5	S	S	s	S	S	S	S	5	S	S	S	S	S	S	S	S	s	S	S		S	S	S	A. This date must be on or after the EMC Enrollment Begin Calendar Date. B. DOES will only validate this upon PCM selection, NOT when changes are made to the PCM begin or end date.	M, I
6. PCM Selection Calendar		R	R	R	R	R	R	I	3	R	R	R	R	R	R	R	R	R	I	3	R	R	R	R	R	R	Б	2	R	R	R	R	R	R	R	R	R	R	R		R	R	R	A. This is the date the new PCM becomes effective. B. There cannot be date gaps for PCM; certain PCM information is always associated with a person's enrollment date. C. Must be within enrollment period. D. Must be no greater than 60 days in the past or 90 days in the future if initial assignment to this PCM. If this is an update to an existing PCM, this date must be no greater than 60 days in the past or 90 days in the future of the initial PCM selection Begin Calendar Date.	М, І
Data Trees	:: O=Optional; I			C - C:1								DC				6: 11							DC D																					DEERS will populate the previous PCM Selection End Calendar Date as the day prior to new PCM Selection Begin Calendar Date. Enforced By: M=MCSC/DP; D=	D

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

		1																	PLAN	ΔND	DATA T	VDE*																		1
\vdash									TRIC	ARE P	PRIME I	PLANS							LAN	AND	ZAIA I		CARE	OP PLA	.NS						TR	ICARE	PLUS	PLANS						
	EVENT AND DATA FLOW	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Members	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Members	(f) TRICARE Prime Family Coverage for Active Duty Family Members	 TRICARE Prime Individual Coverage Survivors of Active Duty Decea 	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	RICARE Prime Individual Coverage Active Duty Deceased Spor	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	idual Cov serve De	(p) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	vidual Cov ve Decease) I KICAKI	Direct Care Coverage for J	Care Coverage for Tra ctive Duty Sponsors) TRICARE DP Direct Care Individual C Survivors of Active Duty Sponso	P Direc	(w) TRICARE DP Direct Care Individual Coverage for Retired Sponsors and Family Members	(x) TRICARE DP Direct Care Family Coverage for Retired Sponsors and Family Members	Direct Care In uard/Reserve	(z) 1 KICAKE DP Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors		Survivors of Active Duty Deceased Sponsors (ab) TRICARE Plus Coverage for Active Duty Family Members	tive Duty Deceased Spor	(ae) IKICAKE Flus with CHC Coverage for Survivors of Active Duty Deceased Sponsors (ad) TRICABE Blue Company for Transitional Sensitions (ad) TRICABE Blue Company for Transitional Sensition Sens	Coverage for Survivors of Active D	(ag) TRICARE Plus Coverage for Retired Sponsors, Family Members and Medal of Honor	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	ith CHC Cov rd/Reserve I	/erage erve D	ith CHCC erve Decea	Cov O	BUSINESS RUES BY COVERAGE PLAN	ENFORCED BY**
	Prior PCM Selection End Reason Code	Ř	R	R	Ř	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Ř	R	R	R	R	R	R	RF	R	R	R	R	R	R	R	R	Ř	The reason code represents why the person is changing the existing PCM to a new PCM.	M, D
	PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R F	R	R	R	R	R	R	R	R		DOES will ensure that the selected PCM has available capacity.	D

BUSINESS RULES: D. MODIFICATION ENROLLMENT (PCM CHANGE/PCM PANEL REASSIGNMENT) (CONTINUED)

19

C-1, August 26, 2002

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

GENERAL BUSINESS RULES	ENFORCED BY**
DOES will display all enrollments for the family when a cancellation event falls within the prescribed business rules below. The user must	D
select the appropriate enrollee(s).	
The user may reinstate the previous PCM or replace the current PCM with a new one. (See PCM Change business rules for the latter option.)	D
If there is only one PCM for the enrollment, thus no PCM to reinstate, a PCM cancellation will not be allowed, the user must cancel the	
enrollment.	
The instance of the PCM selection being cancelled will be removed and will not be displayed by DEERS in subsequent transactions.	D
DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
Only the current MCSC/DP managing the enrollment can update PCM information; only the MCSC/DP that performed the transfer may	D
cancel it.	
The PCM or transfer effective date cannot be more than 60 days in the past.	D

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION)

$\overline{}$	PCM/Transfer cancellation																																						1	
	PCM/transfer cancellations																																						1	
	allowed for these plans, unless otherwise stated below.																		PLAN	AND	DATA T	YPE*																		
			Guard / Reserve Decease TRICARE Plus with CHC Coverage for TRICARE Plus (Members and Me ARE Plus Coverage for ARE Plus Coverage for ARE Plus Coverage for ACTIVE DEPLOYERS (Active Duty Deceased TRICARE Plus with CHC Coverage for ACTIVE DEPLOYERS (Active Duty Deceased TRICARE Plus with CHC Coverage for ACTIVE ACTIVE DEPLOYERS (ACTIVE DEPLOYERS COVERAGE FOR ACTIVE DUTY DECEASED TRICARE DP Direct Care Ind TRICARE Prime Individual Coverage Ind TRICARE Prime Individual Coverage TRICARE Remote Individu														NLY																							
	Event And Data Flow	(al) TRICARE Plus Coverage for Survivors of (ab) TRICARE Plus with CHC Coverage for Survivors of (a) TRICARE Plus with CHC Coverage for Farishtonal Survivors of Gand/Reserve Deceased Sponsors (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Gand/Reserve Deceased Sponsors (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Gand/Reserve Deceased Sponsors (ab) TRICARE Plus with CHC Coverage for Transitional Survivors of Gand/Reserve Deceased Sponsors (ab) TRICARE Plus With CHC Coverage for Transitional Survivors of Gand/Reserve Deceased Sponsors (ac) TRICARE Plus with CHC Coverage for Survivors of (ac) TRICARE Plus with CHC Coverage for Survivors of (ac) TRICARE Plus with CHC Coverage for Survivors of (ac) TRICARE Plus with CHC Coverage for Active Duty Deceased Sponsors (ac) TRICARE Plus with CHC Coverage for Active Duty Family Members (ac) TRICARE Plus with CHC Coverage for Active Duty Family Members (ac) TRICARE Plus with CHC Coverage for Active Duty Family Members (ac) TRICARE Plus with CHC Coverage for Active Duty Family Members (b) TRICARE Plus with CHC Coverage for Active Duty Family Members (b) TRICARE DP Direct Care Individual Coverage for (c) TRICARE Prime Family Coverage for Transitional (d) TRICARE Prime Family Coverage for Transitional (d) TRICARE Prime Individual Coverage for Retriced (d) TRICARE Prime Individual Coverage for Transitional (d) TRICARE															BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**																						
1.	DEERS ID (Insured)						K D			K D									K D		K D					K D	R							K D					M=Helath Care; handled by	D D
۷.	HCDP Type Code									К									K		K			К		К	K												DOES.	
3.	HCDP Plan Coverage Code		R	R			R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R	R				R I			R	R			R	coverage plan.	D
4.	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R		R	R	R	R	R	R	R	R	R	R	R	R	R	Ř	R	R	R	R	R	R	R	R	R	R	R	R I	R	R	R	R	R	R	R	The latest current or future coverage plan.	D
*	Data Type: O=Optional; R=	Requi	red; S=	Situat	ional	; B=S	ubscı	riber;	I=Inst	ıred; l	DC=D	irect (Care;	CV=C	ivilia	n; DP	=Desi	gnate	d Pro	vider;	RS=R	esour	rce Sh	aring														16:	*Enforced By: M=MCSC/DP; D=I	DEERS

BUSINESS RULES: E. MODIFICATION OF ENROLLMENT (PCM CANCELLATION AND TRANSFER CANCELLATION) (CONTINUED)

PCM/Transfer cancellation																																									
PCM/transfer cancellations allowed for these plans, unless																																									
otherwise stated below.																		PLAN	N ANI	D DATA	TYPE*																				
								TRIC	ARE P	RIME P	LANS																		TRIC	ARE P	LUS PLA	ANS - I	PCM (CANCE	LLATIC	O N	VLY				
	(a) TRICARE Remote for Active Duty Service Members	(b) TRICARE Remote Individual Coverage for Active Duty Family Membe	(c) TRICARE Remote Family Coverage for Active Duty Family Members	(d) TRICARE Prime Individual Coverage for Active Duty Sponsors	(e) TRICARE Prime Individual Coverage for Active Duty Family Member	(f) TRICARE Prime Family Coverage for Active Duty Family Members	(g) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(i) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(j) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(k) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(I) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(m) TRICARE Prime Individual Coverage for Transitional vd Assistance Sponsors and Family Members	(n) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(o) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	b) I RICARE Prime Family Coverage for In Guard/Reserve Deceased Spc	(q) I RICARE Frime individua Guard/Reserve De	Guard/Reserve Deceased Spo	(r) TD (r) A DL Dessero Lancator (r) Corre	(i) INCARE DF Direct Care Coverage for Indistitution Survivors of Active Duty Sponsors (s) TRICARE DP Direct Care Coverage for Active Duty Family Members (s)	Survivors of Active Duty Sponso	v) TRICARE DP Direct Care Family Coverage to Survivors of Active Duty Sponsors TRICARE DP Direct Care Individual Coverage	Retired Sponsors and Family M	(x) INCORNE DE DIEGE CARE HAMILY COVERAGE OF Retired Sponsors and Family Members (iii) TRECABE IND Discost Care Individual Coverage for		z) TRICARE DP Direct Care Family Covera Survivors of Guard/Reserve Deceased Spo	(aa) TRICARE Plus with CHC Coverage for Active Duty Family Member	TRICARE Plus Coverage for Activ	(ac) TRICARE Plus with CHC Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(ad) TRICARE Plus Coverage for Transitional Survivors Active Duty Deceased Sponsors	(ae) TRICARE Plus with CHC Coverage for Survivors of Active Duty Deceased Sponsors	(af) TRICARE Plus Coverage for Survivors of Active Duty Deceased Sponsors	RE Plus Coverage for y Members and Med	(ah) TRICARE Plus with CHC Coverage for Retired Sponsors, Family Members and Medal or Honor	(ai) TRICARE Plus with CHC Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	rd/Reserve Deceased Sp	Guard/Reserve Deceased Sponsors		(al) TRICARE Plus Coverage for Survivors of	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
5. PCM Selection Update Code		ers	S		rs															ANCEL							os.												Н	landled by DOES.	D
PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R PO	CM being cancelled.	M, D
PCM Enrolling Division	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		R		R	R	R	R	R	R	R	R	R	R	R	R	R	R				CM being cancelled.	M, D
DMIS Identifier									ı		ı																													o .	
8. PCM Network Provider Type Code	None CV DP	None CV	None DV	RS	CV DP	DP	DC CV DP RS		DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	CV DP		P DP	DP	DP	DP	DP	DP	DP	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	DC RS	RS	DC RS	S R	C PO	CM being cancelled.	M, D
9. PCM Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R						R					R	R	R	R	R		R		R				CM being cancelled.	M, D
10. PCM Identifier Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R			R		R	R			R		R	R	R	R	R	R	R	R				CM being cancelled.	M, D
11. PCM Name	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		CM being cancelled.	M, D
12. PCM Group Name 13. PCM Selection Begin	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	S R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		CM being cancelled. . PCM being cancelled.	M, D
Calendar Date																																							B. fo re	There cannot be any date gaps or PCM, certain PCM is equired for an enrollment. Must not be more than 60 ays in the past. J. If there is only one PCM for his enrollment, new PCM election information must be included with the cancellation.	
14. PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		pı	. DEERS will reinstate the revious PCM selection. Invalid Entry."	M, D
Data Type: O=Optional; R=	Requi	red: S=	Situa	tional	: B=S	ubscr	riber:	I=Inst	ired:	DC=D	irect (Care:	CV=C	ivilia	n: DI	P=Des	ignate	ed Pro	ovide	r: RS=	Resor	urce S	l harin	0														۰,	**Ent	forced By: M=MCSC/DP; D=D	EERS

BUSINESS RULES

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

GENERAL BUSINESS RULES	ENFORCED BY**
Does will list all family members enrolled in different MCSC/DP contracts for the user to select.	D
A transfer of enrollment is done for each family member being transferred.	M
When an enrollee relocates to another contractor's region, the transfer is done by the gaining contractor.	M, D
If there are current and future enrollments for the person being transferred, the future segment must first be cancelled by the MCSC/DP	D
managing that future enrollment.	
DEERS will set the EMC Enrollment End Calendar Date and the PCM Selection End Calendar Date for the losing organization, and the EMC	D
Enrollment Begin Calendar Date and PCM Selection Begin Calendar Date for the gaining organization based on the transfer effective date.	
When an enrollee relocates to another contractor, DEERS notifies the losing entity of the loss to reflect the enrollment transfer.	D
Parents and Parents-in-Law are no longer eligible to enroll. However, if tthey are already enrolled, their enrollments can be modified but the	D
PCM selection MUST remain within the DP network	

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER)

	NROLLMENT TRANSFER																				T		
7	ransfer of Enrollment allowed for these plans:										ND DAT	a Type	*										
							ī	RICAR	E PRIMI	PLAN	3						TR	ICARE	DP F	PLANS	6		
	EVENT AND DATA FLOW	(a) TRICARE Prime Individual Coverage for Active Duty Sponsors	ARE Prime Duty	c) TRICARE Prime Family Coverage for A Duty Family Members	(d) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	ICARE Prime Family Coverage for Tr irvivors of Active Duty Deceased Spo	(f) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(g) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(j) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(I) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(m) TRICARE Prime Family Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(n) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	CAKE Prime Family Coverag Guard/Reserve Deceased S	(p) TRICARE DP Direct Care Coverage for Active Duty Family Members	(q) TRICARE DP Direct Care Individual Coverage for Retired Sponsors	Sponsors	Survivors of Guard/Reserve Deceased Sponsors (r) TRICARE DP Direct Care Family Coverage for	(s) TRICARE DP Direct Care Individual Coverage for	BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**
1. I	DEERS ID (Insured)	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	F	R H	Handled by DOES.	D
2. I	ICDP Type Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	F	R N	M=Health Care; handled by DOES.	D
3. F	CM Selection Update Code																					This is an update to an existing HCDP because the person is still covered within the same coverage plan; handled by DOES.	D
4. I	ICDP Plan Coverage Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	F	R L	Latest current or future coverage plan.	D
5. E	nrollment Management Contractor nrollment Begin Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	F	P E	A. The date that the enrollment transfer is effective. Must not be more than 60 days in the asat or 90 days in the future, within eligibility and at least two days after the current EMC inrollment Begin Calendar Date.	
																					d B	A. DEERS will terminate the enrollment with the previous MCSC/DP one day prior to this late. B. DEERS will set the PCM Selection Begin Calendar Date equal to this date.	
	nrollment Management Contractor nrollment End Calendar Date	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	F		A. DEERS sets this field to the end of eligibility for the enrolled coverage plan. B. DEERS enforces that enrollment periods do not overlap.	D
* D	ata Type: O=Optional; R=Required; S=Situational; B=	Subsc	riber;	I=Insu	red; D	C=Dire	ect Car	e; CV=	Civilia	ın; DF	=Desi	gnated	Provi	der; R	S=Res	ource	Sharin	g	•			**Enforced By: M=MCSo	C/DP; D=DEERS

C-1, August 26, 2002

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER) (CONTINUED)

	ENROLLMENT TRANSFER																					
	Transfer of Enrollment allowed for these plans:									LAN AN		A TYPE*										
							1	RICAR	E PRIM	E PLANS	•						TR	ICARE	DP PL	ANS		
		(a) TRICARE Prime Individual Coverage for Active Duty Sponsors	(b) TRICARE Prime Individual Coverage for Active Duty Family Members	ICARE Prime Family Coverage fo Duty Family Members	(d) TRICARE Prime Individual Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(e) TRICARE Prime Family Coverage for Transitional Survivors of Active Duty Deceased Sponsors	(f) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(g) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	(j) TRICARE Prime Individual Coverage for Transitional Assistance Sponsors and Family Members	(k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(I) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(m) TRICARE Prime Family Coverage for Transitional Survivo Guard/Reserve Deceased Sponsors	(n) TRICARE Prime Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors	(o) TRICARE Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(p) TRICARE DP Direct Care Coverage for Active Duty Family Members	(q) TRICARE DP Direct Care Individual Coverage for Retired Sponsors	(r) TRICARE DP Direct Care Family Coverage for Retired Sponsors Family Members			
	EVENT AND DATA FLOW													SIC					L.,			ENFORCED BY**
7.	HCDP Individual Enrollment Fee Waiver Reason Code	N/A	N/A	N/A	N/A	N/A	S	S	S	S	S	N/A	N/A	N/A	N/A	S	N/A	N/A	N/A	N/A	If an individual is waived from enrollment fee payments, the reason for the waiver should be sent to DEERS; applicable to coverage plan.	М
8.	Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	0	0	0	0	О	0	0	0	О	0	0	0	0	0	0	0	0	0	0		M
9.	TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	0	0	0	0	0	0	0	0	0	0	0	О	0	0	0	0	0	0	0		M
10.	Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Required to perform jurisdiction; if ZIP is invalid for enrollment (jurisdiction or program), DOES will provide a warning and allow the enrollment. DOES defaults to the mailing address ZIP Code, but user may change it.	M, D
11.	Health Care Delivery Program Enrollment Card Request Status Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	N/A	N/A	N/A	N/A	Indicates whether or not an ID card should be generated. Default is to generate card upon transfer.	M, D
	Health Care Delivery Program Enrollment Card Request Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A			Default to current date; change only when Enrollment Card is Requested.	M, D
13.	PCM Region Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	The PCM Region Code must fall under the Contract ID managing the enrollment transfer. If there is only one, DOES will default.	M, D
14.	PCM Enrolling Division DMIS Identifier	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	A. For DC, DP, and RS network enrollments, the user will select the DMIS ID/DMIS Name in DOES. DOES will only display DMIS that fall within the PCM Region Code. B. For CV network enrollments, DOES will default based on the PCM Region Code and coverage plan.	M, D
	PCM Network Provider Type Code	DC RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	DC CV DP RS	CV	CV	DC CV DP RS	CV	DC CV DP RS	DC CV DP RS	DC CV DP RS	DP	DP	DP	DP	change if there is more than one option.	M, D
	PCM Identifier PCM Identifier Type Code	R	R R	R	R	R	R	R	R	R	R R	R	R	R	R	R	R	R	R R	R	PCM search criteria PCM search criteria	M, D M, D
17.	PCM License Identifier PCM License Identifier	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O		M, D
19.	PCM Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
20.	PCM Group Identifier	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	PCM search criteria; only applicable to DC PCMs	, -
21.	PCM Group Name	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	0	0	0	0	, , , , , , , , , , , , , , , , , , , ,	M, D
22.	PCM Place of Care Identifier	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	PCM search criteria; only applicable to DC PCMs	
23.	PCM Telephone Number Code	0	5	5	5	5	5	5	0	5	5	5	5	5	O	5	N/A O	N/A	N/A	N/A	PCM search criteria; only applicable to DC PCMs	M
24.	PCM Telephone Number Code PCM Mailing Address City Name	S	O	O S	O	O	O	O S	S	O S	O S	O S	O S	O S	S	O	S	O S	O	S	PCM search criteria PCM search criteria	M M, D
23.	· ·	5																				M, D
20. 27	PCM Mailing Address US Postal Region State Code PCM Mailing Address US Postal Region ZIP Code	5	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	PCM search criteria	M, D
27.	PCM Mailing Address US Postal Region ZIP Code PCM Mailing Address Country Code	S O	0	S	S O	S	S O	0	S O	S	0	S	S O	0	S O	S	S	0	S	S	PCM search criteria PCM search criteria	M, D
40	PCM Specialty Code	S		S	S	S	S	S	s	S								S		C		M, D
29			S								S	S	S	S	S	S	S		S		PCM search criteria	

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: F. MODIFICATION OF ENROLLMENT (TRANSFER) (CONTINUED)

	ENROLLMENT TRANSFER Transfer of Enrollment allowed for these plans:								P	LAN A	ND DAT	a Type	,									
ı	, ,						1	RICAR	E PRIMI	E PLAN	S						TR	ICARE	DP PL	ANS		
		(a) TRICARE Prime Individual Coverage for Active Duty Sponsors	(b) IRICARE Frime Individual Coverage for Active Duty Family Members	Duty Family Members	ne Ir f Act	TRICARE I Survivors	(f) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(g) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(h) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(i) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	ividual sors an	(k) TRICARE Prime Family Coverage for Transitional Assistance Sponsors and Family Members	(I) TRICARE Prime Individual Coverage for Transitional Survivors Guard/Reserve Deceased Sponsors	(m) TRICARE Prime Family Coverage for Transitional Surviv Guard/Reserve Deceased Sponsors	/idual Covera /e Deceased S	(o) TKICAKE Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(p) TRICARE DP Direct Care Coverage for Active Duty Family Members	P Direct Care Indiv Retired Sponsor	(r) TRICARE DP Direct Care Family Coverage for Retired Sponsors Family Members	(s) I KICAKE DF Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors		
	EVENT AND DATA FLOW													ors								ENFORCED BY*
	PCM Sex Code	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		PCM search criteria	M, D
31.	PCM Location Begin Calendar Date	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	Upon PCM selection, DOES will validate that this date is on or prior to the EMC Enrollment Begin Calendar Date. If not, DOES will display an error and the user must select another PCM.	M, D
	PCM Location End Calendar Date	S	S	S	S	S	S	S	s	S	S	S	S	S	S	S	S	S	S		A. This date must be on or after the EMC Enrollment Begin Calendar Date. B. DOES will only validate this upon PCM selection, NOT when changes are made to the PCM begin or end date.	M, D
	Prior PCM Selection End Reason Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	Value of "Transfer".	D
	PCM Default Assignment UIC	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	N/A	N/A	N/A	N/A	Default criteria for DC PCMs only. If the beneficiary does not indicate any PCM preference, DOES will default a DC PCM based on the sponsor's UIC.	D
	PCM Assigned Enrollee Quantity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	DOES will ensure that the selecteed PCM has available capacity.	D

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BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED By**
		DOES will display all family members that may have the enrollment period changed based on the business rules below.	D
		An enrollment cannot extend past eligibility	D
		DEERS will send enrollment change notifications to all systems participating in the management of the enrollment.	D
		DEERS will ensure enrollment periods do not overlap.	D
		DEERS will only allow modification of a begin date to the latest current or future enrollment if it began within the past 60 days. DEERS will allow modification to the last terminated enrollment's end date if the current end date is within the past 60 days and there is no later enrollment.	D
		The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	D
		If there has been a change of coverage plan within the HCDP (e.g., change from Prime to Plus) and the begin date of the later enrollment is modified, the end date of the previous enrollment will be modified accordingly to provide continuous enrollment.	D
		Only the entity that created the enrollment may change the enrollment begin date. The begin date can be changed to an earlier date that does not overlap another enrollment and is not more than 60 days from the current date. The begin date can be changed to a later date that is not more than 90 days in the future of the current begin date and does not fall into a later PCM segment with a different DMIS ID than the first PCM***.	D
		Only the entity that managed the enrollment may change the enrollment end date and the change must be made within 60 days of the disenrollment date.	D
		If necessary, new policy dates will be set by DEERS based on the EMC Enrollment Begin Calendar Date adjustment for the enrollments within the policy. DEERS will send policy notifications as necessary.	D
		DEERS will update the policy enrollment period for a family based on the new enrollment begin dates. DEERS will honor differences in an individual's enrollment begin date. Family members may have different enrollment end dates based on length of eligibility.	D

BUSINESS RULES: G. CHANGE ENROLLMENT PERIOD (CONTINUED)

EVENT AND DATA FLOW Enrollment Period Change for an	D	ata Type	*	Business Rules By Coverage Plan	ENFORCED By**
Individual					
Change of enrollment period allowed for all health care plans in these health care delivery programs:	TRICARE PRIME (INCLUDING REMOTE)	TRICARE DP DIRECT CARE	TRICARE PLUS		
1. DEERS ID (Insured)	R	R	R	Handled by DOES.	M, D
2. HCDP Enrollment Update Code		Update		Handled by DOES.	M, D
3. HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	M, D
4. HCDP Plan Coverage Code	R	R		The latest current or future coverage plan for begin date modifications; the latest coverage plan (must be terminated) for end date modifications.	M, D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R		A. The EMC Enrollment Begin Calendar Date can be changed only if it is currently not more than 60 cays in the past or 90 days in the future. B. The new EMC Enrollment Begin Calendar Date must be within eligibility and must be within 60 days prior to or 90 days in the future of the current EMC Enrollment Begin Calendar Date. The new begin date may not cross the begin date of a later PCM with a different DMIS ID than the first***. A. If the new EMC Policy Enrollment Period Begin Calendar Date precedes the original EMC	M, D
				Enrollment Begin Calendar Date, the EMC Policy Enrollment Period Begin Calendar Date will be modified to this date. B. The EMC Policy Enrollment Period End Calendar Date will also be modified accordingly to a 12-month (or less depending on eligibility) period, if applicable. C. DEERS will set the initial PCM Selection Begin Calendar Date equal to this date.	
6. Enrollment Management Contractor Enrollment End Calendar Date	R	R		A. For enrollments terminated by an enrolling organization, this date must not be more than 60 days in the past. The new EMC Enrollment End Calendar Date must not be more than 60 days in the past, or more than 30 days in the future of the current EMC Enrollment End Calendar Date and cannot exceed eligibility. B. For enrollments terminated by DEERS, this date may only be changed if the enrollee's eligibility has been extended. The new EMC Enrollment End Calendar Date will be set to a new end of eligibility date. The end date can be changed to an earlier date that does not fall into an earlier PCM segment with a different DMIS ID than the last PCM*** and is not more than 60 days in the past of the current date. The end date may be changed to a later date within eligibility that does not overlap a later enrollment and is not more than 90 days in the future of the current date.	M, D
				A. DEERS will set the last PCM Selection End Calendar Date equal to this date. B. If this is the last active enrollment in the policy, the EMC Policy Enrollment Period End Calendar Date will reflect this date.	D
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I *** Restriction based on the type of updates Legacy DEERS can accept. N					CSC/DP; D=DEERS

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BUSINESS RULES: H. CHANGE ENROLLMENT END REASON CODE

EVENT AND DATA FLOW	D ΑΤΑ ΤΥΡΕ*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED By**
		DOES will display all family members that may have their enrollment end reason code changed based on the business rules below.	D
		The system identifier must be the system who managed the enrollment.	D
		The Enrollment End Reason Code may only be changed within the 60 days following the disenrollment date and only if it is the latest enrollment.	D
		Enrollment End Reason Codes set by DEERS cannot be changed.	D

	EVENT AND DATA FLOW		ATA TYPI	E*		
	Enrollment End Reason Code Change					
	Change of enrollment end reason allowed for plans in these health care delivery programs:	TRICARE PRIME	TRICARE DP DIRECT CARE	TRICARE PLUS	BUSINESS RULES BY COVERAGE PLAN	ENFORCED By**
1.	DEERS ID (Insured)	R	R		Handled by DOES.	D
	HCDP Enrollment Update Code		Update		Handled by DOES.	D
	HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	D
	HCDP Plan Coverage Code	R	R	R	The latest coverage plan.	D
	Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	Enrollment period being changed.	M, D
	Enrollment Management Contractor Enrollment End Calendar Date	R	R	R	Enrollment period being changed.	M, D
					Cannot be more than 60 days in the past.	D
7.	EMC Enrollment End Reason Code	R	R		Must be appropriate for coverage plan (i.e., "Failure to Pay Fees" reason code can only be used for coverage plans to which enrollment fees apply).	M, D
*	Data Type: O=Optional; R=Required; S=Situational; B=Subscriber;	I=Insured;	DC=Direct C	Care; CV=C	ivilian; DP=Designated Provider; RS=Resource Sharing **Enforced By: M=MCS	C/DP; D=DEERS

ENROLLMENT/DISENROLLMENT CANCELLATION BUSINESS RULES: I.

EVENT AND DATA FLOW	DATA TYPE*	BUSINESS RULES BY COVERAGE PLAN	ENFORCED By**
		DOES will display all family members that may have the enrollment/disenrollment cancelled based on the business rules below.	D
		The instance of the enrollment or disenrollment (including PCM information) will be removed and will not be displayed by DEERS in subsequent transactions.	D
		Any fee payment adjustments should be made prior to cancelling the last enrollment in a policy. Once all enrollments have been cancelled, fee information will be inaccessible.	D
		For disenrollment cancellations, DEERS will reinstate the enrollment, including fee information, as it existed prior to the disenrollment.	D
		DEERS will adjust policy dates for the family as necessary.	D
		DEERS will send policy change notifications to all systems participating in the management of the enrollment.	D
		For enrollment and disenrollment cancellations, the system identifier must be the current MCSC/DP managing this enrollment. If there has been a transfer of enrollment, the gaining contractor may only cancel the transfer, not the enrollment.	
		When an enrollment is cancelled, DOES will reinstate the previous enrollment if it ended due to a change in coverage plans within the same HCDP (e.g., changed enrollment from Prime to Plus).	D

EVENT AND DATA FLOW	D	ATA TYPI	E*		
Enrollment/Disenrollment Cancellation					
Cancel enrollment/disenrollment allowed for plans in these health care delivery programs:	TRICARE PRIME	TRICARE DP DIRECT CARE	TRICARE PLUS	Business Rules By Coverage Plan	ENFORCED By**
1. DEERS ID (Insured)	R	R	R	Handled by DOES.	D
2. HCDP Enrollment Update Code		Cancel		This is the cancellation of a current or future HCDP; handled by DOES.	D
3. HCDP Type Code	R	R	R	M=Health Care; handled by DOES.	D
4. HCDP Plan Coverage Code	R	R	R	Current or future coverage plan for Enrollment Cancellation (if there is a future coverage plan, this plan must be cancelled before the current plan may be cancelled); previous coverage plan for Disenrollment Cancellation.	D
5. Enrollment Management Contractor Enrollment Begin Calendar Date	R	R	R	A. The begin date of the enrollment/disenrollment selected for cancellation. B. For an enrollment cancellation, this date must be no longer than 60 days in the past or 90 days in the future.	M, D
6. Enrollment Management Contractor Enrollment End Calendar Date				A. The end date of the enrollment/disenrollment selected for cancellation. B. For a disenrollment cancellation, this date must be no longer than 60 days in the past or 30 days in the future.	M, D
7. EMC Enrollment End Reason Code	R	R	R	"Invalid Entry"	M, D

BUSINESS RULES: J. BATCH ENROLLMENT FEE PAYMENT

GENERAL BUSINESS RULES	ENFORCED BY**
This transaction is used for making enrollment fee payments and adjustments.	M, D
DEERS will accumulate individual enrollment fee payments for each policy enrollment period at the policy level.	D
Partial or non-payment of enrollment fees will be accepted by DEERS and should be communicated through the HCDP Enrollment Fee	M
Payment Exception Reason Code.	
The system identifier is obtained by DEERS from the message header and is used to track the system that sent the enrollment fee payment	D
notification.	
DEERS will only accept fee payments (or adjustments) for policies that require fees.	D

BUSINESS RULES: J. BATCH ENROLLMENT FEE PAYMENT

						PLAN	AND I	DATA									
Enrollment fees required for these plans:			TRIC	ARE P	RIME P	LANS			TR	CARE	DP D	IRECT	CARE P	LANS			
DECEMBER OF PROPERTY.	Cover	(b) TRICARE Prime Family Coverage for Survivors of Active Duty Deceased Sponsors	(c) TRICARE Prime Individual Coverage for Retired Sponsors and Family Members	(d) TRICARE Prime Family Coverage for Retired Sponsors and Family Members	rage for T	(f) Prime Family Coverage for Transitional Survivors of Guard/Reserve Deceased Sponsors	Coverage for Survivors of Guard/R Deceased Sponsors	(h) Prime Family Coverage for Survivors of Guard/Reserve Deceased Sponsors	(i) IKIC AKE DP Direct Care Individual Coverage for Survivors Active Duty Sponsors	()) IKICAKE DP Direct Care Family Survivors of Active Duty Spo	ARE DP Direct Care Individual Coverage etired Sponsors and Family Members	Retired Sponsors and Family Members	(m) INCARE DP Direct Care Individual Coverage for Survivors of Guard/Reserve Deceased Sponsors (1) TRICARE DP Direct Care Family Coverage for	(n) IKICAKE Dr Direct Care Family Coverage for Survivors of Guard/Reserve Deceased Sponsors			ERROR/WARNING MESSAGE IF BUSIN RULES NOT MET P
Event And Data Flow	e Duty						/e		of						BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**	PROCESS STEP TEXT: PROCESS STEP RETURN STATUS CODE
EVENT AND DATA FLOW Subscriber Information:	e Duty				6		/e								BUSINESS RULES BY COVERAGE PLAN	ENFORCED BY**	
	e Duty R	R	R	R	R	R	Ř	R			R	R	R	R	Business Rules By Coverage Plan Handled by DOES.	ENFORCED BY**	
Subscriber Information:	_	R	R			R			of	,	R	R	R	R			
Subscriber Information: DEERS ID Fee Information: Health Care Delivery Program Policy Enrollment Period Begin Calendar Date	_	R R	R R			R R			of	,	R	R	R	R			RETURN STATUS CODE INCOMPLETE FEE INFO:203
Subscriber Information: DEERS ID Fee Information: Health Care Delivery Program Policy Enrollment Period Begin Calendar Date Health Care Delivery Program Enrollment Fee Payment Calendar Date	R		R R	R	R		R	R	R	R				R R R	Handled by DOES. The begin date of the policy to which the fees or adjustment apply; must identify a	D	RETURN STATUS CODE INCOMPLETE FEE INFO:203
Subscriber Information: DEERS ID Fee Information: Health Care Delivery Program Policy Enrollment Period Begin Calendar Date Health Care Delivery Program Enrollment Fee Payment	R	R		R R	R R	R	R	R	R R	R	R	R	R	R	Handled by DOES. The begin date of the policy to which the fees or adjustment apply; must identify a	D M, D	RETURN STATUS CODE INCOMPLETE FEE INFO:203 NO HCDP_PEP_SEGEMENT: 10
Subscriber Information: DEERS ID Fee Information: Health Care Delivery Program Policy Enrollment Period Begin Calendar Date Health Care Delivery Program Enrollment Fee Payment Calendar Date Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date Health Care Delivery Program Enrollment Fee Payment Health Care Delivery Program Enrollment Fee Payment Plan	R	R		R R	R R	R R	R R	R R	R R	R	R R	R R	R R	R	Handled by DOES. The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS.	M, D	RETURN STATUS CODE INCOMPLETE FEE INFO:203 NO HCDP_PEP_SEGEMENT: 1
Subscriber Information: DEERS ID Fee Information: Health Care Delivery Program Policy Enrollment Period Begin Calendar Date Health Care Delivery Program Enrollment Fee Payment Calendar Date Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date Health Care Delivery Program Enrollment Fee Payment Plan Type Code	R R R R	R R	R R	R R R	R R R	R R	R R R	R R R	R R R	R R R	R R	R R	R R R	R	Handled by DOES. The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS.	M, D M M	RETURN STATUS CODE INCOMPLETE FEE INFO: 203 INCOMPLETE FEE INFO: 203
Subscriber Information: DEERS ID Fee Information: Health Care Delivery Program Policy Enrollment Period Begin Calendar Date Health Care Delivery Program Enrollment Fee Payment Calendar Date Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date Health Care Delivery Program Enrollment Fee Payment Planl Type Code Health Care Delivery Program Enrollment Fee Payment Planl Type Code Health Care Delivery Program Enrollment Fee Payment Amount	R R R R R R	R R R	R R R	R R R	R R R	R R R	R R R R	R R R	R R R	R R R	R R R	R R R	R R R	R	Handled by DOES. The begin date of the policy to which the fees or adjustment apply; must identify a policy on DEERS. This date should be within the policy enrollment period of the policy identified in #2. This should be a dollar amount (with decimal and dollar sign). Can be negative. If the amount posted results in the cumulative fee payment being above the expected limit,	D M, D M M M, D	RETURN STATUS CODE INCOMPLETE FEE INFO: 203 INCOMPLETE FEE INFO: 203 INCOMPLETE FEE INFO: 203 INCOMPLETE FEE INFO: 203

BUSINESS RULES: K. UPDATE AN INDIVIDUAL'S ENROLLMENT FEE WAIVER INFORMATION

GENERAL BUSINESS RULES	ENFORCED BY**
There are no dates associated with the waiver; it can be set or removed as necessary and no history is kept on the setting of this field.	D

BUSINESS RULES: K. UPDATE AN INDIVIDUAL'S ENROLLMENT FEE WAIVER INFORMATION

Enrollment Fee Waiver Update For An Individual							AND D									
Enrollment fees required for these plans:		TRIC	CARE	PRIM	IE PLAN	NS		TRIC	CARE	DP D	IRECT	CARE I	PLANS	,		
EVENT AND DATA FLOW	(a) TRICARE Prime Individual Coverage for Survivors of Active Duty Deceased Sponsors	(b) IKICAKE Prime Active Du	(c) IKICAKE Frime Individual Coverage for Ketired Sponsors and Family Members	Sponsors and Family Members	(d) TRIC.	ve	(t) Prime Family Coverage for Survivors of Guard / Reserve Deceased Sponsors	(g) TRICARE DP Direct Care Individual Coverage for Survivors of Active Duty Sponsors	(h) TRICARE PDP Direct Care Family Coverage for Survivors of Active Duty Sponsors	(i) I KICAKE DF Direct Care individual Coverage for Retired Sponsors and Family Members	Retired Sponsors	Survivors of Guard/Reserve Deceased Sponsors (i) TRICAGE DP Direct Care Family Coverage for	Survivors of Guard/R	ect Care Family Coverage for	Business Rules By Coverage Plan	ENFORCED B
DEERS ID (Insured)	R	R	R	Б	R I	R		R	R	R	R	R	F		he beneficiary who is exempt from paying enrollment fees; handled by DOES.	M, D
HCDP Enrollment Update Code	4-	l n	l n				UPDA		n	l n		- n			Iandled by DOES.	D
ICDP Type Code ICDP Plan Coverage Code	R	R	R	F			R	R R	R	R	R	R	ŀ		1=Health Care; handled by DOES. he latest current or future coverage plan.	M, D M, D
nrollment Management Contractor	R							R	R	R					ne latest current or ruture coverage plan. The enrollment period for which the enrollment fee waiver is effective.	M, D M, D
Enrollment Begin Calendar Date		K	l K	P	` '	`	1	1	K	"	IX	I.	ľ	^	a. The chromitent period for which the chromitent fee warver is effective.	WI, D
														В	. Enrollment must exist in DEERS.	
· ·		_	R	K	R I	R	R	R	R	R	R	R	ŀ	R A	The enrollment period for which the enrollment fee waiver is effective.	M, D
	R	R	1	-												
	R	R	I K	-											•	
Enrollment Management Contractor Enrollment End Calendar Date HCDP Individual Enrollment Fee Waiver Reason Code	R		R		₹ 1		R	R	R	L	R				. Enrollment must exist in DEERS. he reason for which a beneficiary is waived from paying enrollment fees should be sent to DEERS.	M

BUSINESS RULES: L. BENEFICIARY UPDATE

EVENT AND DATA FLOW	DATA TYPE*	Business Rules	ENFORCED By**
		When an enrollee's address is updated in DOES, a policy notification will be sent to the MCSC managing	D
		the enrollment, and a PIT will be sent to the appropriate CHCS host site (if any).	
		The Mailing Address Maintenance Source Code will indicate whether the address was last updated by an	D
		MCSC, a DP, CHCS, or a military personnel update.	
		For OCONUS addresses, ZIP Codes should be entered on Address Line 2 in DOES.	M
Person Information			
1. DEERS ID	R	Handled by DOES.	D
2. E-mail Address Update Code	S	Handled by DOES.	D
3. E-mail Address Use Priority Code	S	Residence E-mail address.	D
4. Email Address Text	0		M
5. Mailing Address Update Code	R	Required if address is being updated.	D
6. Mailing Address Type Code	S	A. Must be included if updating the address information; indicates if mailing or residential address is being updated.	M, D
		B. Address is a complete unit. All required elements must be included for a successful update.	
		C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	
7. Mailing Address Effective Calendar Date	S	A. Must be included if updating the address information.	M, D
		B. Address is a complete unit. All required elements must be included for a successful update.	
		C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	
8. Mailing Address Quality Code	R	This field will be populated by DEERS after Code-1 is run and returned on the policy notification.	D
9. Mailing Address Maintenance Source Code	R	Indicates the source of a mailing address update. If update is made in DOES by an MCSC/DP, the value should be "MCSC". If update is made in DOES by the Dental Contractor, the value should be "Dental". This will trigger a policy notification and if necessary, a PIT notification.	D
10. Mailing Address Line 1 Text	S	A. Must be included if updating the address information.	M, D
		B. Address is a complete unit. All required elements must be included for a successful update.	
		C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	
11. Mailing Address Line 2 Text	О	A. Depends on length of address.	M, D
		B. Address is a complete unit. All required elements must be included for a successful update.	
		C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insu	red; DC=Direct Care; C	LI ** U=Civilian; DP=Designated Provider; RS=Resource Sharing **Enforced By: M=MCS	C/DP; D=DEERS

C-1, August 26, 2002

BUSINESS RULES: L. BENEFICIARY UPDATE (CONTINUED)

	Event And Data Flow	DATA TYPE*	BUSINESS RULES	ENFORCED BY**
12.	Mailing Address City Name	R	Address is a complete unit. All required elements must be included for a successful update.	M, D
13.	Mailing Address US Postal Region State Code	S	A. Required if address is in the U.S. and Puerto Rico.	M, D
			B. Address is a complete unit. All required elements must be included for a successful update. C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an	
			address update.	
14.	Mailing Address US Postal Region ZIP Code	S	A. Required if address is in the U.S. and Puerto Rico.	M, D
			B. Address is a complete unit. All required elements must be included for a successful update.	
			C. If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	
	Mailing Address US Postal Region ZIP Extension Code	0	Recommended if known and address is in the U.S. and Puerto Rico.	M
			If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
16.	Mailing Address Country Code	S	Address is a complete unit. All required elements must be included for a successful update.	M, D
			If current address calendar date in DEERS is greater than date submitted, DEERS will not apply an address update.	D
	Telephone Number Update Code	S	Handled by DOES.	D
	Home Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
	Work Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
20.	Fax Telephone Number Code	S	At least one telephone number must be populated if the Telephone Number Update Code indicates an update.	M, D
* D	ata Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insure	d; DC=Direct Care; C	CV=Civilian; DP=Designated Provider; RS=Resource Sharing **Enforced By: M=MCS	C/DP; D=DEERS

C-1, August 26, 2002

BUSINESS RULES: M. POLICY NOTIFICATION

20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Family Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name			
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5. Sponsor Person Last Name 6. Sponsor Person First Name 7. Sponsor Person Middle Name 8. Sponsor Person Middle Name 8. Sponsor Person Oadency Name 9. Sponsor Person Death Calendar Date 10. Sponsor Person Death Calendar Date 10. Paloix, Information: 11. Health Care Delivery Program Plan Coverage Code 12. Health Care Delivery Program Policy Enrollment Period Engin Calendar Date 13. Health Care Delivery Program Policy Enrollment Period Engin Calendar Date 14. Health Care Delivery Program Policy Enrollment Period End Calendar Date 15. Health Care Delivery Program Enrollment Period End Calendar Date 16. Health Care Delivery Program Policy Enrollment Period End Calendar Date 17. Health Care Delivery Program Enrollment Fee Payment Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Pan Type Code 19. Health Care Delivery Program Enrollment Fee Payment Pan Type Code 19. Payment Light Care Delivery Program Enrollment Fee Payment Pan Type Code 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 25. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 26. DELERS Family Identifier 27. Erectic Card Type Code 38. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 39. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 30. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 31. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 32. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 39. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 39. Health Care Delivery Program Fiscal Year Fee Cumulative Amount 49. Person Last Name 40. Person First Name	3.		
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10. Sponsor Person Death Calendar Date Policy Information: 11. Health Care Delivery Program Plan Coverage Code 12. Health Care Delivery Program Policy Enrollment Period Begin Calendar Date 13. Health Care Delivery Program Policy Enrollment Period End Calendar Date 14. Health Care Delivery Program Policy Enrollment Period End Calendar Date 15. Health Care Delivery Program Enrollment Fee Payment Update Code 16. Health Care Delivery Program Enrollment Fee Payment Update Code 17. Health Care Delivery Program Enrollment Fee Payment Delicy Enrollment Period Begin Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 19. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 25. Health Care Delivery Program Enrollment Fee Action Code 26. DEERS Beneficiary Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	8.		
Policy Information: Health Care Delivery Program Plan Coverage Code Health Care Delivery Program Policy Enrollment Period Begin Calendar Date Forollment Fee Information: Health Care Delivery Program Policy Enrollment Period End Calendar Date Enrollment Fee Information: Health Care Delivery Program Enrollment Fee Payment Update Code Health Care Delivery Program Enrollment Fee Payment Update Code Health Care Delivery Program Enrollment Fee Payment Calendar Date Health Care Delivery Program Enrollment Fee Payment Calendar Date Health Care Delivery Program Enrollment Fee Payment Plan Type Code Health Care Delivery Program Enrollment Fee Payment Plan Type Code Payment Type Code Payment Type Code Payment Identifier Credit Card Type Code Health Care Delivery Program Enrollment Fee Payment Exception Reason Code Health Care Delivery Program Enrollment Fee Payment Exception Reason Code Health Care Delivery Program Enrollment Fee Payment Exception Reason Code Health Care Delivery Program Enrollment Fee Action Code Health Care Delivery Program Enrollment Fee Action Code Health Care Delivery Program Enrollment Fee Action Code Enrollment Fee Action Code Enrollment Fee Action Code DEERS Family Identifier DEERS Beneficiary Identifier Patient Identifier Patient Identifier Patient Identifier Patient Identifier Person First Name	9.	Sponsor Person Birth Calendar Date	
11. Health Care Delivery Program Plan Coverage Code 12. Health Care Delivery Program Policy Enrollment Period Begin Calendar Date 13. Health Care Delivery Program Policy Enrollment Period End Calendar Date 14. Health Care Delivery Program Enrollment Fee Payment Update Code 15. Health Care Delivery Program Enrollment Fee Payment Update Code 16. Health Care Delivery Program Enrollment Fee Payment Calendar Date 17. Health Care Delivery Program Enrollment Fee Payment Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 18. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 19. Health Care Delivery Program Enrollment Fee Payment Amount 19. Payment Type Code 20. Payment Identifier 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 25. Health Care Delivery Program Enrollment Fee Action Code 26. Health Care Delivery Program Fiscal Year Fee Cumulative Amount 27. DEERS Family Identifier 28. Painty Identifier 29. DEERS Beneficiary Identifier 29. Person Last Name 20. Person First Name	10.). Sponsor Person Death Calendar Date	
12. Health Care Delivery Program Policy Enrollment Period Begin Calendar Date 13. Health Care Delivery Program Folicy Enrollment Fero Enrollment Fee Information: 14. Health Care Delivery Program Enrollment Fee Payment Update Code 15. Health Care Delivery Program Enrollment Fee Payment Update Code 16. Health Care Delivery Program Enrollment Fee Payment Calendar Date 17. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 19. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 19. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 19. Payment Type Code 19. Payment Type Code 20. Payment Type Code 21. Payment Gentifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. DEERS Seneficiary Identifier 29. Person Last Name 30. Person First Name			
13. Health Care Delivery Program Policy Enrollment Period End Calendar Date Enrollment Fee Information: 14. Health Care Delivery Program Enrollment Fee Payment Update Code 15. Health Care Delivery Program Policy Enrollment Period Begin Calendar Date 16. Health Care Delivery Program Enrollment Fee Payment Calendar Date 17. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Plaid-Through Calendar Date 19. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 19. Health Care Delivery Program Enrollment Fee Payment Amount 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Enrollment Fee Action Code 26. Health Care Delivery Program Fiscal Year Fee Cumulative Amount 27. DEERS Family Identifier 28. Patient Identifier 29. DEERS Beneficiary Identifier 29. Person Last Name 30. Person First Name			
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14. Health Care Delivery Program Enrollment Fee Payment Update Code 15. Health Care Delivery Program Policy Enrollment Fee Bayment Calendar Date 16. Health Care Delivery Program Enrollment Fee Payment Calendar Date 17. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 19. Health Care Delivery Program Enrollment Fee Payment Amount 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	13.		
15. Health Care Delivery Program Enrollment Period Begin Calendar Date 16. Health Care Delivery Program Enrollment Fee Payment Calendar Date 17. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 18. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 19. Health Care Delivery Program Enrollment Fee Payment Amount 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name			
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17. Health Care Delivery Program Enrollment Fee Payment Paid-Through Calendar Date 18. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 19. Health Care Delivery Program Enrollment Fee Fiscal Year Fee Payment Amount 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Eamily Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name			
18. Health Care Delivery Program Enrollment Fee Payment Plan Type Code 19. Health Care Delivery Program Enrollment Fee Fiscal Year Fee Payment Amount 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Eamily Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	16.		
19. Health Care Delivery Program Enrollment Fee Fiscal Year Fee Payment Amount 20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Family Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	17.		
20. Payment Type Code 21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Family Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	18.		
21. Payment Identifier 22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Family Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	19.		
22. Credit Card Type Code 23. Health Care Delivery Program Enrollment Fee Payment Exception Reason Code 24. Health Care Delivery Program Enrollment Fee Action Code 25. Health Care Delivery Program Fiscal Year Fee Cumulative Amount Family Member Information: 26. DEERS Family Identifier 27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name	20.		
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27. DEERS Beneficiary Identifier 28. Patient Identifier 29. Person Last Name 30. Person First Name		· ·	
28. Patient Identifier 29. Person Last Name 30. Person First Name			
29. Person Last Name 30. Person First Name		·	
30. Person First Name			
	29.	Person Last Name	
	30.). Person First Name	
	31.		
32. Person Cadency Name		,	
33. Person Birth Calendar Date (Patient)			
34. Person Sex Code			
35. Person Association Reason Code	35.	5. Person Association Reason Code	

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BUSINESS RULES: M. POLICY NOTIFICATION (CONTINUED)

	TOLIOT HOMOTOM (COMMOD)	
	Enrollment Process Information:	
36.	Health Care Delivery Program Individual Enrollment Fee Waiver Reason Code	
37.	Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	
38.	Sponsor Enrollment Management Contractor Enrollment Residence Mailing Address US Postal Region ZIP Code	
39.	Enrollment Management Contractor Enrollment Work Mailing Address US Postal Region ZIP Code	
40.	Health Care Delivery Program Enrollment Card Request Code	
41.	Health Care Delivery Program Enrollment Card Request Calendar Date	
42.	Enrollment Management Contractor Health Care Delivery Program Enrollment Application Received Calendar Date	
43.	TRICARE Service Center Health Care Delivery Program Enrollment Application Received Calendar Date	
	Primary Care Manager Information:	
44.	Primary Care Manager Region Code	
45.	Primary Care Manager Enrolling Division DMIS Identifier	
46.	Primary Care Manager Network Provider Type Code	
47.	Primary Care Manager Identifier	
48.	Primary Care Manager Identifier Type Code	
49.	Primary Care Manager Selection Begin Calendar Date	
50.	Primary Care Manager Selection End Calendar Date	
51.	Primary Care Manager Selection End Reason Code	
52.	Prior Primary Care Manager Selection End Reason Code	
	Email Address Information:	
53.	Email Address Use Priority Code	
54.	Email Address Text	
	Mailing Address Information:	This information will repeat for each address a person has on DEERS.
55.	Mailing Address Type Code	
56.	Mailing Address Quality Code	
57.	Mailing Address Effective Calendar Date	
58.	Mailing Address Expiration Calendar Date	
59.	Mailing Address Line 1 Text	
60.	Mailing Address Line 2 Text	
61.	Mailing Address City Name	
62.	Mailing Address US Postal Region State Code	
63.	Mailing Address US Postal Region ZIP Code	
64.	Mailing Address US Postal Region ZIP Extension Code	
65.	Mailing Address Country Code	
66.	Mailing Address Maintenance Source Code	
	Telephone Number Information:	
67.	Home Telephone Number Code	
68.	Work Telephone Number Code	
69.	Fax Telephone Number Code	
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BUSINESS RULES: N. PCM INPUT FILE

	Action Information:	
1.	Primary Care Manager Information Update Code	
	Contractor Information:	
2.	Health Care Delivery Program Contractor Code	
	Primary Care Manger Information:	
3.	Primary Care Manger Region Code	If this cannot be validated against the HCDP Contractor Code, DEERS rejects the record.
4.	Primary Care Manager Enrolling Division DMIS Identifier	If this ID cannot be validated against the PCM Region Code, DEERS rejects the record.
5.	Primary Care Manger Network Provider Type Code	
6.	Primary Care Manger Identifier	
7.	Primary Care Manger Type Code	
8.	Primary Care Manger License Identifier	
9.	Primary Care Manger Name	
10.	Primary Care Manger Group Name	
11.	Primary Care Manger Telephone Number Code	
12.	Primary Care Manger Mailing Address Line 1 Text	
13.	Primary Care Manger Mailing Address Line 2 Text	
14.	Primary Care Manger Mailing Address City Name	
15.	Primary Care Manger Mailing Address US Postal Region State Code	
16.	Primary Care Manger Mailing Address US Postal Region ZIP Code	
17.	Primary Care Manger Mailing Address Country Code	
18.	Primary Care Manger Location Begin Calendar Date	
19.	Primary Care Manger Location End Calendar Date	
20.	Primary Care Manger Sex Code	
21.	Primary Care Manger Specialty Code	
22.	Remote Enrollee Primary Care Manger Assignment Indicator Code	
23.	Primary Care Manger Assignment Remark Text	
24.	Primary Care Manger Assigned Enrollee Quantity	

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: O. PATIENT ID CHANGE

EVENT AND DATA FLOW	D ΑΤΑ T ΥΡΕ*	Business Rules	ENFORCED By**
Inquiry Information			
Total Records Changed Request Indicator Code	R	Required for an inquiry to retrieve all Patient Identification Change records.	M
OR			
Last Records Changed Request Calendar Date		Required for an inquiry to retrieve all changes as of a specific date, for example all Patient ID changes that have occurred since the last inquiry was performed.	M
Inquiry Response Information		These three elements will be repeated for each Patient ID Change listed in the response file.	
DoD Electronic Data Interchange Person Identifier	R	This is the individual's old identifier.	
DoD Electronic Data Interchange Cross-Reference Person Identifier	R	This is the new identifier for this individual.	
DoD Electronic Data Interchange Person Identifier Change Effective Calendar Date	R	This is the date that the new identifier became effective.	
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; C	V=Civilian; DP=D	lesignated Provider; RS=Resource Sharing **Enforced By: M=MCS	C/DP; D=DEERS

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BUSINESS RULES: P. PARTIAL MATCH INQUIRY

	Event And Data Flow	DATA TYPE*	Business Rules	ENFORCED By**
	Partial Match Response			
	Sponsor Information:		If coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned. If there is a duplicate on the sponsor SSN, this information will repeat.	
1.	DEERS Identifier			
2.	Patient Identifier			
3.	Person Identifier			
4.	Person Identifier Type Code			
5.	Person Last Name			
6.	Person First Name			
7.	Person Middle Name			
8.	Person Cadency Name			
9.	Person Birth Calendar Date (Patient)			
10.	Person Sex Code			
11.	Person Death Calendar Date			
12.	Mailing Address Type Code			
13.	Mailing Address Effective Calendar Date			
14.	Mailing Address Line 1 Text			
15.	Mailing Address Line 2 Text			
16.	Mailing Address City Name			
17.	Mailing Address US Postal Region State Code			
18.	Mailing Address US Postal Region ZIP Code			
19.	Mailing Address US Postal Region ZIP Extension Code			
20.	Mailing Address Country Code			
21.	Home Telephone Number Code			
22.	Work Telephone Number Code			
23.	Fax Telephone Number Code			
	<u> </u>			
	Sponsor Personnel Information:		This information will repeat if dual-eligibility exists.	
24.	Personnel Category Code		1 0 /	
25.	Service Branch Classification Code			
26.	Pay Plan Code			
27.	Pay Grade Code			
28.	Pay Grade Calendar Date			
29.	Rank Code			
30.	Unit Identification Code			
31.	Unit Location US Postal Region ZIP Code			
32.	Unit Location US Postal Region ZIP Extension Code			
33.	Unit Location Country Code			
	†			
D	ata Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Car	e; CV=Civilian; DP=	Designated Provider; RS=Resource Sharing **Enforced By: M=N	ICSC/DP; D=DEERS

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BUSINESS RULES: P. PARTIAL MATCH INQUIRY (CONTINUED)

	EVENT AND DATA FLOW	DATA TYPE*	Business Rules	ENFORCED By**
	Insured Information:		If there is a duplicate on the family member identification, this information will repeat. If a person has more than one address, this information will repeat.	
34.	DEERS Identifier			
35.	Patient Identifier			
36.	Person Identifier			
37.	Person Identifier Type Code			
38.	Person Last Name			
39.	Person First Name			
40.	Person Middle Name			
41.	Person Cadency Name			
42.	Person Birth Calendar Date (Patient)			
43.	Person Sex Code			
44.	Person Association Reason Code			
45.	Person Association Begin Calendar Date			
46.	Person Association End Calendar Date			
47.	Person Association End Reason Code			
48.	Person Death Calendar Date			
49.	Mailing Address Type Code			
50.	Mailing Address Effective Calendar Date			
51.	Mailing Address Line 1 Text			
52.	Mailing Address Line 2 Text			
53.	Mailing Address City Name			
54.	Mailing Address US Postal Region State Code			
55.	Mailing Address US Postal Region ZIP Code			
56.	Mailing Address US Postal Region Zip Extension Code			
57.	Mailing Address Country Code			
58.	Home Telephone Number Code			
59.	Work Telephone Number Code			
60.	Fax Telephone Number Code			
* Da	ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care	; CV=Civilian; DP=	Designated Provider; RS=Resource Sharing **Enforced By: M=M	CSC/DP; D=DEERS

BUSINESS RULES: Q. COVERAGE INQUIRY

EVENT AND DATA FLOW	DATA Type*	Business Rules	ENFORCED By**
Coverage Inquiry			
Person/Family Transaction Type Code	R	"P" for person/"F" for family. If value is blank, DEERS will default to "P".	D
2. Inquiry Sponsor Person Type Code	S	Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.	D
3. Inquiry Sponsor Person Identifier	S		D
4. Inquiry Sponsor Person Identifier Type Code	S	Acceptable values are SSN, TIN, FIN, and HICN.	D
5. Sponsor Person Last Name (refer to Person Last Name in the DEERS New Medical Data Dictionary)	О	Optional, but recommended to insure correct person identification.	M, D
6. Sponsor Person First Name (refer to Person First Name in the DEERS New Medical Data Dictionary)	О	Optional, but recommended to insure correct person identification.	M, D
 Sponsor Person Birth Calendar Date (refer to Person Birth Calendar Date in the DEERS New Medical Data Dictionary) 	0	Optional, but recommended to insure correct person identification.	M, D
8. Inquiry Family Member Person Type Code (refer to Inquiry Person Type Code in the DEERS New Medical Data Dictionary)	S	Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.	D
9. Inquiry Family Member Person Identifier (refer to Inquiry Person Identifier in the DEERS New Medical Data Dictionary)	S		D
 Inquiry Family Member Person Identifier Type Code (refer to Inquiry Person Identifier Type Code in the DEERS New Medical Data Dictionary) 	S	Acceptable values are SSN, TIN, FIN, and HICN.	D
 Family Member Person Last Name (refer to Person Last Name in the DEERS New Medical Data Dictionary) 	О	Optional, but recommended to insure correct person identification.	M, D
12. Family Member Person First Name (refer to Person First Name in the DEERS New Medical Data Dictionary)	О	Optional, but recommended to insure correct person identification.	M, D
13. Family Member Person Birth Calendar Date (refer to Person Birth Calendar Date in the DEERS New Medical Data Dictionary)	0	Optional, but recommended to insure correct person identification.	M, D
14. Health Care Delivery Program Type Code	R	M=Health Care.	D
15. Health Care Coverage Inquiry Period Begin Calendar Date	R	A. Inquiry period may be a date range or single date where begin date equals the end date.	D
		B. Not more than 3 years in the past.	
16. Health Care Coverage Inquiry Period End Calendar Date	R	Must be >= inquiry begin date.	D
17. Inquiry Option	R	Indicates whether or not CC&D totals will be returned on response.	M, D
18. Catastrophic Cap and Deductible Lock Update Code	R	Required if lock is being sent.	M, D
19. Catastrophic Cap and Deductible Detail Update Identifier	S	Required if lock is being sent.	M, D
20. Catastrophic Cap and Deductible Detail Type Code	S	Required if lock is being sent.	M, D
Coverage Inquiry Response			
Sponsor Information:		If coverage inquiry for claims is requested for a family member, both sponsor and family member person information is returned.	
DEERS Identifier			
Patient Identifier			
Person Identifier			
Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	ilian; DP=De	signated Provider, RS=Resource Sharing **Enforced By: M=MCSC	C/DP; D=DEER

BUSINESS RULES: Q. COVERAGE INQUIRY (CONTINUED)

	DATA		ENFOR
EVENT AND DATA FLOW	TYPE*	Business Rules	By*
Person Identifier Type Code			
Person Last Name			
Person First Name			1
Person Middle Name			1
Person Cadency Name			†
Person Birth Calendar Date (Patient)			1
Person Sex Code			
Person Death Calendar Date			
Sponsor Personnel Information:		This information will be current at time of inquiry. MCSC shall not use this information for claims processing. This information is intended for the TED only. This information will repeat if dual-eligibility exists.	
Pay Plan Code			
Pay Grade Code			
Rank Code			
Service Branch Classification Code			
Personnel Category Code			1
AGR Service Legal Authority Code			1
			1
Family Member Information:		This information will repeat for each person included in the response. For example, in a family inquiry, this information would repeat for the sponsor and all associated family members. In a person inquiry (e.g., spouse), only the spouse's information would be included in he response. If a person has more than one address, this information will repeat	
DEERS Identifier			1
Patient Identifier			1
Person Identifier Type Code			1
Person Last Name			1
Person First Name			1
Person Middle Name			1
Person Cadency Name			†
Person Birth Calendar Date (Patient)			†
Person Sex Code			†
Mailing Address Type Code			†
Mailing Address Effective Calendar Date			t
Mailing Address Line 1 Text			t
Mailing Address Line 2 Text			t
Mailing Address City Name			+
Mailing Address US Postal Region State Code			+
Mailing Address US Postal Region ZIP Code			+
Mailing Address US Postal Region ZIP Extension Code			+
Mailing Address Country Code			+
Home Telephone Number Code			-

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BUSINESS RULES: Q. COVERAGE INQUIRY (CONTINUED)

Work Telephone Number Code Fax Telephone Number Code Person Association Reason Code Health Care Coverage Information: HCDP Type Code	This information will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code,	
Person Association Reason Code Health Care Coverage Information: HCDP Type Code	This information will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code,	
Person Association Reason Code Health Care Coverage Information: HCDP Type Code	This information will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code,	
HCDP Type Code	This information will repeat for each coverage period for each person included in the response. If not enrolled in any plan, then the following data will be shown: HCDP Type Code, HCDP Plan Coverage Code,	
	Health Care Coverage Begin and End Calendar Dates, and Health Care Coverage End Reason Code with an indication that there is no coverage.	
HCDP Plan Coverage Code		
Health Care Coverage Enrollment Status Code		
Health Care Coverage Begin Calendar Date		
Health Care Coverage End Calendar Date		
Health Care Coverage End Reason Code		
Health Care Coverage Copayment Factor Code		
Health Care Coverage Service Branch Classification Code		
Health Care Coverage Member Category Code		
Health Care Coverage Member Relationship Code		
Special Entitlement Information:	This information may repeat.	
Health Care Delivery Program Special Entitlement Code	7 1	
Health Care Delivery Program Special Entitlement Begin Calendar Date		
Health Care Delivery Program Special Entitlement End Calendar Date		
Health Care Delivery Program Special Entitlement Type Code		
PCM Information:		
HCDP Plan Coverage Code		
PCM Region Code		
PCM Enrolling Division DMIS Identifier		
PCM Network Provider Type Code		<u> </u>
PCM Identifier		\vdash
PCM Identifier Type Code		
PCM Name		
PCM Telephone Number Code		\vdash
PCM Mailing Address US Postal Region Zip Code	Only for civilian PCMs.	\vdash
PCM Mailing Address US Postal Region Zip Extension Code	Only for civilian PCMs.	\vdash
PCM Mailing Address Country Code	Only for civilian PCMs.	
PCM Selection Begin Calendar Date		\vdash
PCM Selection End Calendar Date		\vdash
PCM Selection End Reason Code		

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BUSINESS RULES: Q. COVERAGE INQUIRY (CONTINUED)

EVENT AND DATA FLOW	DATA Type*	Business Rules	ENFOR By
Family Fiscal Year Catastrophic Cap and Deductible Accumulation		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar	
Information:		amounts for inquiry period.	
Family Fiscal Year Deductible Cumulative Amount		1 71	
Family Fiscal Year Catastrophic Cap Cumulative Amount			
HCDP Policy Fiscal Year Date			
Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.	
HCDP Policy Fiscal Year Date			
Individual Fiscal Year Deductible Cumulative Amount			
Individual Fiscal Year Catastrophic Cap Cumulative Amount			
OHI Information: (available when OHI consolidated in DEERS)		Shows all OHI in effect for inquiry period, if any.	<u> </u>
Health Insurance Carrier Identifier			\vdash
Health Insurance Carrier Identifier Type Code			
OHI Policy Identifier			†
OHI Effective Calendar Date			
OHI Expiration Calendar Date			
OHI Status Code			†
OHI Transaction Calendar Date			†
OHI Transaction System Name			
OHI Medical Coverage Indicator Code			
OHI Dental Coverage Indicator Code			
OHI Inpatient Hospital Coverage Indicator Code			
OHI Outpatient Hospital Coverage Indicator Code			
OHI Long Term Care Coverage Indicator Code			
OHI Pharmacy Coverage Indicator Code			
OHI Mental Health Coverage Indicator Code			
OHI Vision Coverage Indicator Code			1
OHI Partial Hospitalization Coverage Indicator Code			
OHI Skilled Nursing Care Coverage Indicator Code			
OGP Information:		Shows all OGP in effect for inquiry period, if any.	<u> </u>
OGP Type Code			\vdash
OGP Begin Reason Code			\vdash
OGP Effective Calendar Date			
OGP Expiration Calendar Date			

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C-1, August 26, 2002

BUSINESS RULES: R. CATASTROPHIC CAP AND DEDUCTIBLE TOTALS INQUIRY

EVENT AND DATA FLOW	DATA Type*	Business Rules	ENFORCED By**
		Health Care Coverage Inquiry for Catastrophic Cap and Deductible Activity is required for	D
		CC&D totals to be locked and updates made.	
		CC&D totals will be displayed for inquiry period requested, showing family and individual fiscal year totals.	D
		DEERS will derive the Catastrophic Cap/Deductible Detail Source System Name, Catastrophic Cap/Deductible Lock Calendar Date, and Catastrophic Cap/Deductible Lock Time from the message header information.	D
Inquiry Options			
Insured Information:			
DEERS Identifier	R		D
Inquiry Period Information:			
Catastrophic Cap/Deductible Inquiry Period Begin Calendar Date	R	Must be >= inquiry begin date.	M, D
		No more than 3 years will be shown online.	D
Lock Information:		MCSC must lock the record if the intent is to update CC&D amounts. DEERS will then lock the subscriber and all associated insured family member's cat cap and deductible totals and prevent updates from other entities during the lock period. The detail identifier used for locking must match the detail identifier used for updating. The claims lock period is 48 hours or until the lock is released, which ever comes first. If the MCSC needs	
		more than 48 hours for updates, they may extend the lock by performing another CC&D Totals Inquiry to lock and locked record. When this happens, a new lock date and time will be set. Only the same locking organization who placed the lock may extend the lock, and only if the claim lock identifier matches the identifier used to lock the record initially.	
3. Catastrophic Cap/Deductible Lock Update Code	R		M, D
4. Catastrophic Cap/Deductible Detail Update Identifier	R		M, D
5. Catastrophic Cap and Deductible Detail Type Code	R	Specifies type of update: claim, enrollment fee, or adjustment.	M, D
Response with CC&D totals			
Insured Information:			
DEERS ID			
Patient ID			
Family Fiscal Year Catastrophic Cap and Deductible Accumulation Information:		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts for inquiry period.	
Family Fiscal Year Deductible Cumulative Amount			
Family Fiscal Year Catastrophic Cap Cumulative Amount			
HCDP Policy Fiscal Year Date			
Individual Fiscal Year Catastrophic Cap and Deductible Accumulation Information:		Both family and individual totals will be shown in the response. Zeros will be shown if there are no dollar amounts are for inquiry period. Individual totals are given for the requested individual insured.	
Individual Fiscal Year Deductible Cumulative Amount			
Individual Fiscal Year Catastrophic Cap Cumulative Amount			
HCDP Policy Fiscal Year Date			
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Ci	vilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCS'	C/DP; D=DEER!

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: R. CATASTROPHIC CAP AND DEDUCTIBLE TOTALS INQUIRY (CONTINUED)

	EVENT AND DATA FLOW	DATA Type*	Business Rules		ENFORCED By**
	Lock Information:		Note: These fields will be blank if not locked.		
	Catastrophic Cap/Deductible Lock Source System Name				
	Catastrophic Cap/Deductible Lock Calendar Date				
	Catastrophic Cap/Deductible Lock Time				
* Da	ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Ci	vilian; DP=Des	ignated Provider; RS=Resource Sharing	**Enforced By: M=MCSO	C/DP; D=DEERS

BUSINESS RULES: S. CATASTROPHIC CAP AND DEDUCTIBLE AMOUNTS UPDATE

EVENT AND DATA FLOW	DATA Type*	BUSINESS RULES	ENFORCED By**
		MCSC must lock CC&D totals before updating CC&D amounts.	M, D
		If any update sent to DEERS causes the accumulated catastrophic cap or deductible totals to be less than \$0, DEERS will accept the update, but will return a warning.	D
		Catastrophic Cap/Deductible Detail Update Source System Identifier is derived from the message Header and must be the same as the Catastrophic Cap/Deductible Detail Lock Source System Identifier or an error will occur. If the organization who locked the record needs more than 48 hours to adjudicate the claim, they may extend the lock by performing another Claims Total Inquiry, as long as the claim lock identifier matches the identifier used to lock the record initially.	D
		DEERS will send an acknowledgment for all updates.	D
Update CC&D Amounts			
Insured Information:			
1. DEERS ID	R		D
Lock Removal Information:		The MCSC may elect to lock or not unlock the totals. If the MCSC wishes only to remove the lock, they must do so with this update. They would indicate to remove the lock and send a zero update dollar amount.	
Catastrophic Cap/Deductible Lock Update Code	R	Indicate whether to remove or not remove a lock.	M, D
Catastrophic Cap/Deductible Detail Identification Information:			
3. Catastrophic Cap/Deductible Detail Update Identifier	R	Must be the same identifier used to lock CC&D totals.	M, D
4. Catastrophic Cap/Deductible Detail Split Claim Identifier	О	The extension identifier is used for split fiscal year claims.	M, D
5. Catastrophic Cap/Deductible Detail Type Code	R	Specifies type of update: claim, enrollment fee, or adjustment. If this is an adjustment, the System Identifier must be the System Identifier used to post the original amount.	M, D
Claim Period Information:		Claim updates include adding new amounts, adjusting a claim (sending an update with the net change), and cancels (sending an update with the exact negative amount of claim). At least one payment amount must be sent with the update, even if a zero amount.	
6. Claim Service Period Begin Calendar Date	R	This date will be used for fiscal year updates. DEERS does not validate if the service period spans fiscal years. DEERS just stores this with the update. Single date or date range required.	M
7. Claim Service Period End Calendar Date	R	Single date or date range required. This date will be used for fiscal year or enrollment year updates. DEERS does not validate if the service period spans fiscal years. DEERS just stores this with the update.	М
Fiscal Year Catastrophic Cap and Deductible Update Information:			
8. Fiscal Year Deductible Payment Amount	R		M
9. Fiscal Year Catastrophic Cap Payment Amount	R		M
10. HCDP Policy Fiscal Year Date	R		M, D
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; C	V=Civilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC	/DP; D=DEERS

BUSINESS RULES: T. CATASTROPHIC CAP AND DEDUCTIBLE TRANSACTION HISTORY REQUEST

EVENT AND DATA FLOW	DATA Type*	Business Rules	ENFORCE By**
	TYPE	DUSINESS RULES	DY
Inquiry Options			
Inquiry Information:			
HCDP Type Code	R	M=Health Care	D
Person/Family Transaction Type Code	R	"P" for person/"F" for family. If value is blank, DEERS will default to "P".	D
Inquiry Person Type Code	S	Required if a family inquiry is selected. Identifies whose ID is being submitted, sponsor or family member.	D
Inquiry Person Identifier	R		D
Inquiry Person Identifier Type Code	R	Acceptable values are SSN, TIN, FIN, and DEERS ID.	D
Person Last Name	0	Optional, but recommended to insure correct person identification if not using DEERS ID.	M, D
Person Birth Calendar Date (Patient)	0	Optional, but recommended to insure correct person identification if not using DEERS ID.	M, D
Inquiry Period:	+	May inquire either using a Fiscal Year or a date range.	
HCDP Policy Fiscal Year Date	S	A. May inquire using a specific fiscal year.	M, D
		B. This date cannot be more than 3 years in the past for online transactions.	
OR		OR	
Catastrophic Cap/Deductible Inquiry Period Begin Calendar Date	S	A single date or a date span is allowed. Not more than 3 years history will be shown online.	M, D
Catastrophic Cap/Deductible Inquiry Period End Calendar Date	S	A. A single date or a date span is allowed. Not more than 3 years history will be shown online.	M, D
		B. Must be >= inquiry begin date.	
Detail Information (Optional):			
Catastrophic Cap/Deductible Detail Update Identifier	0	The inquirer may or may not opt to query using a specific detail identifier. If a Detail ID is entered, DEERS will only return posted CC&D updates that match the specified detail identifier and any related detail extension identifiers (for split claims).	M
Response			
Person Information:			
DEERS Identifier			
Person Identifier			
Person Identifier Type Code			
Person Last Name			
Person First Name	-		
Person Middle Name			
Person Cadency Name	-		
Person Birth Calendar Date (Patient)			
Current Lock Information:		Lock information will be returned only if totals are currently locked.	
Catastrophic Cap/Deductible Lock Source System Name			
Catastrophic Cap/Deductible Lock Calendar Date			
Catastrophic Cap/Deductible Lock Time			
Claim Period Information:			
Claim Service Period Begin Calendar Date			
Claim Service Period End Calendar Date			
Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=	CI III DD D	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC	

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: T. CATASTROPHIC CAP AND DEDUCTIBLE TRANSACTION HISTORY REQUEST (CONTINUED)

	DATA		ENFORCED
EVENT AND DATA FLOW	TYPE*	BUSINESS RULES	BY**
Fiscal Year Catastrophic Cap and Deductible Detail Information:		DEERS will return posted cat cap and deductible amounts. These could either a positive or negative number.	
Fiscal Year Deductible Payment Amount			
Fiscal Year Catastrophic Cap Payment Amount			
HCDP Policy Fiscal Year Date		Fiscal Year to which cat cap and deductible amounts are applied.	
Catastrophic Cap/Deductible Identification Information:			
Catastrophic Cap/Deductible Detail Update Identifier			
Catastrophic Cap/Deductible Detail Split Claim Identifier			
Catastrophic Cap/Deductible Detail Type Code			
Update System Identification Information:			
Catastrophic Cap/Deductible Source System Name		DEERS-derived from the message header at time of update.	
Transaction Information:			
Catastrophic Cap/Deductible Detail Transaction Calendar Date		DEERS-derived from the message header at time of update.	
Catastrophic Cap/Deductible Detail Transaction Time		DEERS-derived from the message header at time of update.	
* Data Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV	=Civilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=N	MCSC/DP; D=DEERS

BUSINESS RULES: U. OHI POLICY INQUIRY

In 	EVENT AND DATA FLOW	TYPE*	BUSINESS RULES	By**
In 			Other Health Insurance (OHI) identifies non-DoD health insurance.	
In 			The state of the s	
. In O	nquiry Information:			
<u>O</u> 2. O 3. O	nquiry Patient Identifier	R		D
2. O 3. O	iquity i diterit identifier	- IX		
2. O 3. O	HI Inquiry Period:			
3. O	HI Inquiry Period Begin Calendar Date	S	Required to inquire on OHI policies within a date range if not inquiring using the Carrier Identifier.	M. D
	HI Inquiry Period End Calendar Date	S	Required to inquire on OHI polices within a date range if not using the Carrier Identifier.	M, D
二	1,		The End Calendar Date must be greater than the Begin Calendar Date.	D
	OR			-
O	HI Policy Information:			-
	lealth Insurance Carrier Identifier	S	Required to inquire on a specific OHI policy if not using an inquiry period.	D
			Must be a valid entry on the SIT.	
. H	lealth Insurance Carrier Identifier Type Code	S	Required to inquire on a specific OHI policy if not using an inquiry period.	D
	71		Must be a valid entry on the SIT.	D
. O	HI Policy Identifier	S	Required to inquire on a specific OHI policy if not using an inquiry period.	D
. O	HI Coverage Indicator Type Code	0	Used to inquire on a specific OHI coverage.	D
	0 71			
C	OHI Inquiry Response			
	erson/Patient Information:			
P	atient Identifier			
-				
0	HI Information:			
Н	lealth Insurance Carrier Identifier			
Н	lealth Insurance Carrier Identifier Type Code			
	HI Policy Identifier			
О	HI Card Holder Identification Number		Returned if this data is available on this patient	
О	HI Status Code			
О	HI Transaction System Name			-
О	PHI Transaction Calendar Date			-
О	HI Effective Calendar Date			-
	HI Effective Calendar Date Source Code		Identifies the Source of the Effective Date: Insurance Provider or Individual	-
О	HI Expiration Calendar Date			
О	HI End Reason Source Code		Identifies if the End Date is a reported end, a default date, or an expired date.	-
О	HI Medical Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	-
О	HI Dental Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
0	PHI Inpatient Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
О	HI Outpatient Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
О	HI Long Term Care Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
О	HI Pharmacy Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
О	HI Mental Health Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
О	HI Vision Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
0	HI Partial Hospitalization Coverage Indicator Code		Returned if this coverage is provided by this OHI policy.	
О	OHI Skilled Nursing Care Coverage Indicator Code 'ype: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Ca		Returned if this coverage is provided by this OHI policy.	

TRICARE SYSTEMS MANUAL 7950.1-M, AUGUST 1, 2002 CHAPTER 3, ADDENDUM D BUSINESS RULES

BUSINESS RULES: U. OHI POLICY INQUIRY (CONTINUED)

		DATA		ENFORCED
	EVENT AND DATA FLOW	TYPE*	Business Rules	BY**
	OHI Policy Precedence Indicator		Returned for each coverage to indicate if this coverage is Primary, Secondary or Tertiary for that type of coverage indicator.	
	OHI Policyholder Person Association Reason Code			
	OHI Policyholder Surname Text			
	OHI Policyholder Forename Text			
	OHI Policyholder Middle Name Text			
	OHI Policyholder Identifier			
	OHI Group Policy Name			
	OHI Group Plan Identifier			
	OHI Group Employer Name			
	OHI Group Employer Mailing Address Line 1 Text			
	OHI Group Employer Mailing Address Line 2 Text			
	OHI Group Employer Mailing Address City Name			
	OHI Group Employer Mailing Address US Postal Region State Code			
	OHI Group Employer Mailing Address US Postal Region ZIP Code			
	OHI Group Employer Mailing Address US Postal Region ZIP Extension			
	Code			
	OHI Group Employer Mailing Address Country Code			
	OHI Group Employer Telephone Number Code			
* I	Oata Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	vilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MC	SC/DP; D=DEERS

BUSINESS RULES: V. OHI POLICY ADD

		DATA		ENFORCED
	EVENT AND DATA FLOW	TYPE*	Business Rules	BY**
			Other Health Insurance (OHI) identifies non-DoD health insurance. OHI transactions allow adding,	D
			updating, cancelling, or viewing all OHI information. OHI adds can accompany enrollments or be	
			performed alone.	
			OHI information can be added or updated on DEERS through multiple mechanisms. At the time of enrollment the MCSC will determine the existence of OHI. The MCSC can add or update OHI through the	D
			DOES application used by the MCSC to enter enrollments into DEERS. Other MHS systems can add or	
			update the OHI through the Web application provided by DEERS. The presence of an OHI Policy	
			discovered during routine claims processing shall be updated on DEERS within two business days of	
			receipt of the required information. All messages sent to DEERS will receive an acknowledgment accepting	
			or rejecting the add or update.	
4	Insured Information:			14.5
1.	Patient Identifier	R		M, D
	OHI Add Information:			
2	OHI Update Code	R	Add.	M, D
3	Health Insurance Carrier Identifier	R	Required to add a new OHI policy. Must be a valid entry on the SIT.	D D
4.	Health Insurance Carrier Identifier Type Code	R	l	D
5.	OHI Policy Identifier	R		M, D
6.	OHI Card Holder Identification Number	S	Required if this data is available for this patient.	C, M
7.	OHI Effective Calendar Date	S	Required to add a complete OHI policy.	C, M
8.	OHI Expiration Calendar Date	S	Required to add a complete OHI policy.	C, M
9.	OHI Medical Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
10.	OHI Dental Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
11.	OHI Inpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
12.	OHI Outpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
13.	OHI Long Term Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
* D	ata Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care	; CV=Civilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC/DP; D=Di	EERS; C=CHCS

BUSINESS RULES: V. OHI POLICY ADD (CONTINUED)

	T	DATA	1	ENFORCED
	EVENT AND DATA FLOW	TYPE*	BUSINESS RULES	By**
14.	OHI Pharmacy Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is	M, D
11.	orn rhammacy coverage mateutor code	U	provided by this OHI policy.	111, 15
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the	
			OHI Medical Coverage Indicator Code.	
15.	OHI Mental Health Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is	M, D
			provided by this OHI policy.	
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the	
			OHI Medical Coverage Indicator Code.	
16.	OHI Vision Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is	M, D
			provided by this OHI policy.	,
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the	
4.5			OHI Medical Coverage Indicator Code.) (D
17.	OHI Partial Hospitalization Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			provided by this OTH poincy.	
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the	
			OHI Medical Coverage Indicator Code.	
18.	OHI Skilled Nursing Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is	M, D
			provided by this OHI policy.	
			Divid II had Control of the Control	
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
10	OHI Policy Precedence Indicator	R	Required for each coverage to indicator if this coverage is Primary, Secondary or Tertiary for that typ of	C, M
19.	Offit folicy frecedence indicator	K	coverage indicator.	C, W
20.	OHI Policyholder Person Association Reason Code	S		M
21.	OHI Policyholder Surname Text	S		M
22.	OHI Policyholder Forename Text	S		M
23.	OHI Policyholder Middle Name Text	S		M
24.	OHI Policyholder Identifier	O	Recommended if known.	M
25.	OHI Group Policy Name	О		M
26.	OHI Group Plan Identifier	О		M
27.	OHI Group Employer Name	О		M
28.	OHI Group Employer Mailing Address Line 1 Text	0		M
29.	OHI Group Employer Mailing Address Line 2 Text	0		M
30.	OHI Group Employer Mailing Address City Name	0		M
31.	OHI Group Employer Mailing Address US Postal Region State Code	0		M
32.	OHI Group Employer Mailing Address US Postal Region ZIP Code	0		M
33.	OHI Group Employer Mailing Address US Postal Region ZIP Extension	О		M
2.4	Code OHI Group Employer Mailing Address Country Code			M
34.		0		M M
33. * Da	OHI Group Employer Telephone Number Code ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	-	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC/DP; D=DE	
Da	17p. 0-0p. toma, N-Mequited, 0-0ituational, b-outsetibel, 1-insured, DC-Direct Cale, CV-Civ	i, DI -DE	organica 110 feet by H-HCGCDI, D-De	, c=ciic3

BUSINESS RULES: W. OHI POLICY UPDATE

	EVENT AND DATA FLOW	DATA Type*	BUSINESS RULES	ENFORCED By**
	EVENT AND DATA FLOW	ITFE	Other Health Insurance (OHI) means non-DoD health insurance. OHI transactions allow adding, updating,	D
			cancelling, or viewing all OHI information. OHI updates can accompany enrollments or be performed alone.	
	Insured Information:			
1.	Patient Identifier	R		D
	OHI Update Information:			
2.	OHI Update Code	R	Update.	M, D
3.	Health Insurance Carrier Identifier	R	Sent to identify an OHI policy and cannot be updated.	D
4.	Health Insurance Carrier Identifier Type Code	R	Sent to identify an OHI policy and cannot be updated.	D
5.	OHI Policy Identifier	R	Sent to identify an existing OHI policy and cannot be updated.	D
6.	OHI Card Holder Identification Number	S	Required if this data is available for this patient.	C, M
7.	OHI Effective Calendar Date	R	Sent to identify an existing OHI policy and cannot be updated.	D
8.	OHI Expiration Calendar Date	R	May be updated.	M, D
9.	OHI Medical Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
10.	OHI Dental Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
11.	OHI Inpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
12.	OHI Outpatient Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
13.	OHI Long Term Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
14.	OHI Pharmacy Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
* Da	ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direc	t Care; CV=Civilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC/	DP; D=DEERS

BUSINESS RULES: W. OHI POLICY UPDATE (CONTINUED)

		DATA		ENFORCED
	EVENT AND DATA FLOW	TYPE*	BUSINESS RULES	BY**
15.	OHI Mental Health Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
16.	OHI Vision Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
17.	OHI Partial Hospitalization Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy.	M, D
			B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the OHI Medical Coverage Indicator Code.	
18.	OHI Skilled Nursing Care Coverage Indicator Code	S	A. It is recommended that at least one coverage indicator be set for the OHI policy. Specify if this coverage is provided by this OHI policy. B. If the Health Insurance Carrier Identifier is "Unknown" DEERS will default the Coverage Indicator to the	
			OHI Medical Coverage Indicator Code.	
19.	OHI Policy Precedence Indicator	R	Required for each coverage to indicator if this coverage is Primary, Secondary or Tertiary for that typ of coverage indicator.	C, M
20.	OHI Group Policy Name	O		M
21.	OHI Group Plan Identifier	O		M
22.	OHI Group Employer Name	O		M
23.	OHI Group Employer Mailing Address Line 1 Text	O		M
24.	OHI Group Employer Mailing Address Line 2 Text	О		M
25.	OHI Group Employer Mailing Address City Name	О		M
26.	OHI Group Employer Mailing Address US Postal Region State Code	О		M
27.	OHI Group Employer Mailing Address US Postal Region ZIP Code	О		M
28.	OHI Group Employer Mailing Address US Postal Region ZIP Extension Code	О		M
29.	OHI Group Employer Mailing Address Country Code	O		M
30.	OHI Group Employer Telephone Number Code	О		M
* Da	ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	vilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC	C/DP; D=DEERS

TRICARE Systems Manual 7950.1-M, August 1, 2002 Chapter 3, Addendum D Business Rules

BUSINESS RULES: X. OHI POLICY CANCELLATION

		DATA		ENFORCED
	EVENT AND DATA FLOW	TYPE*	BUSINESS RULES	BY**
			Other Health Insurance (OHI) identifies non-DoD health insurance.	D
			An OHI policy can be cancelled if the OHI should not have been added to the person. Must use OHI Update to correct data on an existing OHI policy.	D D
	Insured Information:			
1.	Patient ID	R		D
	OHI Cancellation Information:			
2.	OHI Update Code	R	Cancel	M, D
3.	Health Insurance Carrier Identifier	R	Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT).	M, D
4.	Health Insurance Carrier Identifier Type Code	R		M, D
5.	OHI Policy Identifier	R	Required to identify the OHI policy being cancelled. Validated with the Standard Insurance Table (SIT).	M, D
6.	OHI Effective Calendar Date	R	Required to identify the OHI policy being cancelled.	M, D
7.	OHI Expiration Calendar Date	R	Required to identify the OHI policy being cancelled.	M, D
* Da	ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; C	V=Civilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC	C/DP; D=DEERS

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C-1, August 26, 2002

BUSINESS RULES: Y. SIT INQUIRY

	EVENT AND DATA FLOW	DATA Type*	BUSINESS RULES	ENFORCED By**
	EVENT AND DAILY LEAV	••••	The Standard Insurance Table (SIT) is maintained in DEERS by the DoD SIT validation agency.	D
			A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a person, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	D
	Inquiry Information			
1.	Health Insurance Carrier Identifier	S	Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.	M, D
2.	Health Insurance Carrier Identifier Type Code	S	Required for an inquiry to view a specific Insurance Company the SIT Carrier ID is known.	M, D
	OR			M, D
3.	Health Insurance Carrier Name	S	Required for an inquiry to view a specific Insurance Company when the Carrier ID is not known and the Company Name is known.	M, D
4.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Required for an inquiry when only the Company Name is known.	M, D
5.	Health Insurance Carrier Mailing Address County Code	S	Required for an inquiry when only the Company Name is known.	M, D
	SIT Inquiry Response			
	SIT Information:			
	Health Insurance Carrier Identifier			
	Health Insurance Carrier Identifier Type Code			
	Health Insurance Carrier Verification Status Code			
	Health Insurance Carrier Deactivation Calendar Date			
	Health Insurance Carrier Coverage Indicator Type Code		Identifies HIC information for a specific type of coverage.	
	Health Insurance Carrier Name			
	Health Insurance Carrier Mailing Address Line 1 Text			
	Health Insurance Carrier Mailing Address Line 2 Text			
	Health Insurance Carrier Mailing Address City Name			
	Health Insurance Carrier Mailing Address US Postal Region State Code			
	Health Insurance Carrier Mailing Address US Postal Region ZIP Code			
	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code			
	Health Insurance Carrier Mailing Address Country Code			
	Health Insurance Carrier Telephone Number 1 Code			
	Health Insurance Carrier Telephone Number 2 Code			
	Health Insurance Carrier Fax Telephone Number Code			
	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code			
	Health Insurance Carrier Electronic Data Interchange Batch Remark Text			
	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code			
	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text			
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code			
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text			
* I	ata Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	rilian; DP=De	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC	/DP; D=DEERS

BUSINESS RULES: Z. SIT ADD

		DATA		ENFORCED
	EVENT AND DATA FLOW	TYPE*	Business Rules	BY**
			The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken: an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	
			Submission of all carrier information in the add transaction will assist the raped validation of the SIT by the DoD SIT validation agency.	D
	SIT Add			
1.	SIT Update Code	R	Add	M, D
2.	Health Insurance Carrier Coverage Indicator Type Code	O	Identifies HIC information for a specific type of coverage.	M
3.	Health Insurance Carrier Name	R		M, D
4.	Health Insurance Carrier Mailing Address Line 1 Text	R	Required to add a new Carrier to the SIT.	M, D
5.	Health Insurance Carrier Mailing Address Line 2 Text	О	Required to add a new Carrier to the SIT.	M, D
6.	Health Insurance Carrier Mailing Address City Name	R	Required to add a new Carrier to the SIT.	M, D
7.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Required to add a new Carrier to the SIT, if the Carrier is in the US.	M, D
8.	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	S	Required to add a new Carrier to the SIT, if the Carrier is in the US.	M, D
9.	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code	О	Required to add a new Carrier to the SIT, if the Carrier is in the US.	M, D
10.	Health Insurance Carrier Mailing Address Country Code	R	Required to add a new Carrier to the SIT.	M, D
11.	Health Insurance Carrier Telephone Number 1 Code	R	Required to add a new Carrier to the SIT.	M, D
12.	Health Insurance Carrier Telephone Number 2 Code	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
13.	Health Insurance Carrier Fax Telephone Number Code	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
14.	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
15.	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
16.	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
17.	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
18.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
19.	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text	О	Sent if it is part of the data being added for a Carrier in the SIT.	M
	SIT Add Acknowledgement			
	Health Insurance Carrier Identifier			
	Health Insurance Carrier Identifier Type Code			
	Health Insurance Carrier Name			
* D	ta Type: O=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	ilian; DP=Des	signated Provider; RS=Resource Sharing **Enforced By: M=MCSC	/DP; D=DEERS

BUSINESS RULES: AA. SIT UPDATE

	EVENT AND DATA FLOW	TYPE*		
		ITFE	BUSINESS RULES	BY**
			The Standard Insurance Table (SIT) is maintained in DEERS by the TMA SIT validation Agency. A copy of the SIT is maintained locally by user sites. There are several actions that can be taken; an inquiry to verify a carrier for assignment of an OHI policy to a patient, an update to SIT information for validation by the DoD SIT validation agency, and the cancellation of an update sent to the SIT for validation by the SIT agency.	
			Submission of all carrier information in the update transaction will assist the rapid validation of the SIT by the DoD SIT validation agency.	D
	SIT Update			
	Sit Identifying Information:			
1.	Health Insurance Carrier Identifier	R	A. Required if carrier has been validated by the TMA SIT agency.	M, D
			B. Carrier ID is obtained from an inquiry to the local SIT - if the Carrier is not resident on the SIT DEERS will provide the DEERS Temporary Carrier ID.	
2.	Health Insurance Carrier Identifier Type Code	R		M, D
	SIT Information:			-
1.	SIT Update Code	R	Update	D
2.	Health Insurance Carrier Coverage Indicator Type Code	O	Identifies HIC information for a specific type of coverage.	M
3.	Health Insurance Carrier Name	R	1 71 0	M, D
4.	Health Insurance Carrier Mailing Address Line 1 Text	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
5.	Health Insurance Carrier Mailing Address Line 2 Text	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
6.	Health Insurance Carrier Mailing Address City Name	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
7.	Health Insurance Carrier Mailing Address US Postal Region State Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
8.	Health Insurance Carrier Mailing Address US Postal Region ZIP Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
9.	Health Insurance Carrier Mailing Address US Postal Region ZIP Extension Code	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
10.	Health Insurance Carrier Mailing Address Country Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
11.	Health Insurance Carrier Telephone Number 1 Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
12.	Health Insurance Carrier Telephone Number 2 Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
13.	Health Insurance Carrier Fax Telephone Number Code	S	Sent if it is part of the data being updated for a Carrier in the SIT.	M, D
14.	Health Insurance Carrier Electronic Data Interchange Batch Indicator Code	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M
15.	Health Insurance Carrier Electronic Data Interchange Batch Remark Text	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M
	Health Insurance Carrier Electronic Data Interchange Interactive Indicator Code	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M
17.	Health Insurance Carrier Electronic Data Interchange Interactive Remark Text	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Indicator Code	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M
	Health Insurance Carrier Electronic Data Interchange Clearinghouse Remark Text a Type: 0=Optional; R=Required; S=Situational; B=Subscriber; I=Insured; DC=Direct Care; CV=Civ	О	Sent if it is part of the data being updated for a Carrier in the SIT.	M

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BUSINESS RULES: AB. SIT CANCELLATION

	EVENT AND DATA FLOW	Data Type*	Business Rules	ENFORCED By**
			A SIT Cancellation can only be performed prior to the verification of the Health Insurance Carrier by the TMA SIT Validation Agency. Only the system that submitted the SIT add or update may cancel that transaction.	D
	SIT Cancellation			
	SIT Information:			1
1.	SIT Update Code	R	Cancel	M, D
2.	Health Insurance Carrier Identifier	R	Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)	M, D
3.	Health Insurance Carrier Identifier Type Code	R	Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)	M, D
4.	Health Insurance Carrier Name	R	Required to identify the SIT add or update being cancelled. Validated with the Standard Insurance Table (SIT)	M, D

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BUSINESS RULES: AC. CMS FILE

EVENT AND DATA FLOW	DATA TYPE*	Business Rules	ENFORCE By**
CMS FEED			
Monthly feed from DEERS to the MCSC to pass Medicare data.			
Insured Information:			
Patient ID		The MCSC should match internally in their system on this field for person identification information.	
HICN (refer to Health Insurance Claim Number Identifier in the DEERS New Medical Data Dictionary)			
Medicare A Begin Reason Code			
Medicare A Effective Calendar Date			
Medicare A Expiration Calendar Date			
Medicare B Begin Reason Code			
Medicare B Effective Calendar Date			
Medicare B Expiration Calendar Date			
Medicare End Reason Code			